THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.

VOL. III.] NOVEMBER, 1850. [No. 4.

Part 1.—Original Communications.

CHAPTER III.—CONTINUED.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1850.—By N. S. DAVIS, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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ined before admission, by practitioners, themselves, without the intervention of any other class. In the following year 1807, an act was passed, making some further provisions for the internal organization of the State Society, and also prescribing a penalty of five dollars per month for practising without being authorized according to the act of the previous year. This penalty, however, was not to apply to persons using for the benefit of the sick any roots or herbs the growth of the United States. In May, 1812, the Legislature increased the foregoing penalty to twenty-five dollars for each offence, and required that all licenses in future should be deposited in the county clerk's office. In 1813, these several acts were revised and consolidated into one statute, and continued without alteration until 1818, when the Legislature passed an act increasing the term of study to four years.—But one year might be deducted, if the student had pursued classical studies that length of time after the age of sixteen years; or had attended a complete course of lectures deliv-

ered by each of the professors. on all the branches of medical science, in the medical colleges of this State or elsewhere.

In the following year another act was passed prohibiting the medical colleges from granting the degree of Doctor of Medicine to any students who had not fully complied with the requisitions of the act of 1818. The next law of importance enacted in this State was that passed by the Legislature in 1827. This leaves the term of study and the conditions for obtaining a license to practice essentially the same as before, but the twelfth section provided that "no person shall receive from the regents of the University a diploma conferring the Degree of Doctor of Medicine unless he shall have pursued the study of medical science for at least three years, after the age of sixteen, with some physician or surgeon duly authorized by law to practice his profession, and shall also have attended two complete courses of all the lectures delivered in an incorporated medical college, and have attended the last of such courses in the college, by which he shall be recommended for his degree." And section 20th declares, that no person under the age of twenty-one years, can be entitled to practice physic and surgery in this State. Another provision of this law required all regularly licensed physicians to file a copy of their license or diploma in the county clerk's office, and become members of the County Society in the county of their residence, before they were entitled to collect pay for their services.

Such are the essential features of the legislative enactments, adopted from time to time for the internal organization and regulation of the medical profession in the State of New York; and though exceedingly defective in many respects, they exerted a decided and beneficial influence over the great mass of the profession. The frequent contact with each other, and the mutual interchange of sentiments, which took place in the County Societies, soon led the practitioners to a

more thorough knowledge of each other, and, consequently, to the adoption of by-laws and rules of ethics for their mutual government. This again led to a far more dignified and honorable intercourse with each other in private practice. The meetings of these Societies were occupied in the reading of essays, the relation of cases, and the discussion of topics connected with medical practice, and generally with the diseases of their own counties; and not few of the papers read at their meetings would do credit to any learned body. The Presidents of the Societies were also generally required to deliver an address at each anniversary meeting. Some of these were published either in pamphlet form or in the medical journals—some found their way into the transactions of the State Society, and all were not only interesting, but well calculated to excite a spirit of investigation, and divert the attention of practitioners from the petty jealousies of private competition to the study of medicine as a science.

In the early part of this period, the number of medical colleges in the Union were but few, and the degrees conferred by them much less sought after than at present; and hence many of the candidates for admission into the ranks of the profession were examined and licensed by the County Societies, and the fees derived from the granting of such licenses were in most cases devoted to the purchase of books to constitute a county library. By this means, the latest and best medical works were constantly being brought within the reach of every practitioner; and hence these libraries became powerful auxiliaries in the general diffusion of medical knowledge. The same ends were still farther promoted by the action of the State Society, which was organized February 3d, 1807. Thus we find the Society at its first meeting directing each member "to present a geological and topographical description of the county in which he might practice, and

*For a brief history of this Society, including the names of its officers from year to year, see the "U. S. Medical and Surgical Journal, vol. ii.; and also the published transactions.

also a history of such diseases as might prevail in his particular place of residence, etc." Accordingly, in the following year, we find reports in compliance with this direction, from no less than seven members, viz:—Dr. Alex. Sheldon, of Montgomery; Dr. David R. Arnell, of Orange; Dr. Wm. Wheeler, of Dutchess; Dr. John Stearns, of Saratoga; Dr. Hugh Henderson, of Jefferson; Dr. Horatio Powell, of Clinton, and Dr. Lyman Cook, of Westchester. At this second annual meeting (Feb., 1808), the Society presented to the profession still stronger inducements to engage in medical investigations, by offering three premiums, viz.:—a medal of the value of fifty dollars for the "best dissertation on the topography, geology, and mineralogy of any county in the State, together with the prevalent diseases in said county." Another of the value of twenty-five dollars for the second best dissertation on the same subject; and a third premium, consisting of a medal of the value of twenty-five dollars, for "the best dissertation on the causes, and best method of preventing and curing the typhus mitior, or low bilious fever, which prevailed in different counties of the State."

These offers called out several well written essays, and the first premium on the topography, etc., was awarded to Dr. John Stearns, of Saratoga county. The efforts to improve medical science, and elevate the character of the profession, thus early and actively commenced, have been continued with unremitting zeal by this Society until the present time. But though the influence of the State and County Societies has been highly beneficial to the profession, yet that influence has been in some measure counteracted by defects in the laws, and other circumstances, over which they had no control. Thus, while the law of 1812 increased the penalty for practicing without a license or diploma to twenty-five dollars for each offense, it was rendered almost entirely void in practice, by the proviso, "that it should not be so construed as to prevent any person from prescribing for the benefit of the sick,

any roots, barks, or herbs, the growth and produce of the U. S."

Although the design of this provision was, undoubtedly, simply to shield nurses in their common practice of using simple domestic teas or infusions, in cases of sickness not considered sufficiently severe to require a physician, yet in practice it was made to cover every species of empiricism, it being only necessary to plead the use of indigenous remedies. Hence, although the statutes of New York have contained, apparently, strict prohibitory or protective laws in regard to medical practice for more than thirty years, those laws have been practically inoperative from their own defects, and cannot, therefore, be considered any practical test of the practicability or impracticability of suppressing quackery by penal enactments. Another important defect in the laws regulating the education of the profession consisted in the entire omission of any standard of preliminary education as a requisite, before commencing the study of medicine. This defect not only existed in the laws regulating the profession, but equally so in the rules adopted by medical societies and colleges for granting the diploma; hence we have been, and still are, annually witnessing the ridiculous spectacle of young men, possessing the high and dignified title of Doctor of Medicine, conferred by instutions called colleges and universities, who are destitute of even a competent knowledge of English grammar. These facts sufficiently explain why, notwithstanding the existence of a good internal organization, and the united efforts of State and County Societies during a period of forty years, every species of quackery still abounds in this State—they show, too, that the repeal of that part of the law prescribing a penalty of twenty-five dollars for practicing without a license or diploma, and also, that which renders the unlicensed incompetent to enforce payment for their services, which took place in 1844, was rather the repeal of an obsolete form than the removal of an operative law.

The medical laws of New Jersey were so amended in

1816 as to prohibit all unlicensed persons, who were not already engaged in practice, from entering on those duties in that State, under a penalty of twenty-five dollars for each offense. Such persons were also disqualified from collecting any compensation for medical services. But, instead of containing the neutralizing proviso which we have noticed in the laws of New York, it declared that, "this Act shall be so construed as to prevent all irregular bred pretenders to the healing art, under the names or titles of practical botanists, root or Indian doctors, or any other name or title, involving quackery of any species, from practicing their deceptions, and imposing on the ignorance and credulity of their fellow-citizens." Some unimportant alterations in the medical laws of this State were made by the Legislature in the years 1818, '23, '25, '30, '38; but the main features still remain in full force. And though the penal provisions against unlicensed practititioners are very seldom enforced; yet the influence of their State, and District or County Societies, has been most salutary in promoting friendly intercourse, stimulating investigation, and elevating the professional character. State and district medical Societies were organized at an early period in all the New England States. We have, in a previous chapter, mentioned the origin of those in Massachusetts, Connecticut, and New Hampshire. The Maine Medical Society was incorporated in 1821, and that of Rhode Island, in 1812. The regulations adopted in all these States were very similar. They all required the establishment of State or District Boards of Censors, for examining and licensing candidates to practice; also some degree of preliminary education, a term of medical study not less than three years, and the attainment of the age of 21 years. In Massachusets, Rhode Island, and New Hampshire, the Boards of Censors were unconnected with the medical colleges of those States; and the laws required all persons intending to commence practice, whether educated in those States or already licensed by the

institutions of other States, to apply to some one of the Boards of Censors for a license before they were authorized to enforce payment for their services. In Connecticut and Maine, but one Board of Censors was established in each State, which was authorized to examine all candidates, whether for a license or the higher degree of M. D. These Boards are composed, in the one State of the Medical Faculty of Yale College, associated with an equal number of Censors appointed by the President and fellows of the Connecticut Medical Society, the President of the Society always being one of the number: and in the other, of the Medical Faculty of Bowdoin College, and an equal number of Censors chosen by the Maine Medical Society.

In January, 1822, the Medical Society of the State of Delaware was authorized, by an act of the Legislature, to appoint a Medical Board of Examiners, consisting of fifteen members, whose term of office was to continue five years; and who were directed to examine and license all candidates for admission into the profession in that State. The requisites for admission to an examination by such Board were, three year's study with some respectable practioner, the attendance on one full course of lectures in some medical college, and the attainment of twenty-one years of age. But graduates of respectable medical colleges were licensed on the exhibition of their diplomas, without an examination. The same penalties were enacted against unlicensed practitioners as in the State of Maryland. The Medical Society of the District of Columbia was incorporated by an act of Congress in 1819, with power to appoint a Board of Examiners, composed of five practitioners, whose duties and privileges were the same as those appointed by the Delaware Medical Society. And the same penalty was enacted against unlicensed and irregular practitioners. The States of S. Carolina, Georgia, Alabama, Mississippi, and Louisiana have all had laws of a similar character, for the regulation of medical education and practice.

In 1817, the Legislature of South Carolina enacted a law establishing two medical boards of examiners, one in Charleston and the other in Columbia. They were required to examine all applicants for permission to practice in that State, except such as had received a diploma from some medical college, and grant licenses to those they deemed qualified. And every one practicing without such license was liable to be indicted and fined in a sum not exceeding five hundred dollars, and imprisoned a term not exceeding two months. These regulations continued in force until 1838, when all restrictions and penalties were abolished by an act of the State Legislature. The act by which a fine of five hundred dollars was imposed on all who should practice physic in Georgia without a license from the board of physicians, was passed by the State Legislature in 1826, and continued in force until 1835, when it was repealed. In 1839, the examining board of physicians was re-organized, and again invested with power to examine applicants and grant licenses ; but with the following proviso, which nullifies the whole act, viz.: "Provided nothing in the said revised act be so construed as to operate against the Thompsonian or Botanic practice, or any other practitioner of medicine in this State." It should also be mentioned that the Thompsonians have had for several years a regularly incorporated college in that State, with all the usual collegiate powers; but at present its existence appears to be merely nominal.

In Alabama, an act was passed in December, 1823, requiring the establishment of five boards of medical examiners in the State, each consisting of three members, elected by a joint vote of both houses of the State Legislature. Their powers and duties in regard to examining and licensing candidates were the same as those existing in South Carolina. The penalty for practicing without such license or a diploma from some medical college, was a sum not exceeding five hundred dollars for each offense. But the examining boards were all

abolished some eight or ten years since, which operated as a repeal of all law on the subject.

The medical laws of the state of Mississippi are coeval with the existence of the State itself. They provided for the establishment of three boards of examiners, appointed by the State Legislature. These boards were required to examine all candidates for permission to practice medicine and surgery in their respective districts, whether graduates of a medical college or not, and grant licenses to such as they found qualified. By an act passed in 1827, all licenses were required to be filed in the clerk's office of the county where the holder of said license should commence practice, within six months from the time of said commencement. All attempts to practice without procuring a license from one of the examining boards, and having it duly recorded in the clerk's office, was punishable by a fine not exceeding five hundred dollars, and imprisonment not exceeding six months. It was further made the duty of the county clerk to present a complete list of all licenses recorded in his office to the grand jury of each county court; and such grand jury were required to present to the court all such persons as, from their own knowledge, or from information given by others, were practicing physic or surgery without a license. In 1829, another act was passed by the Legislature, authorizing the establishment of a "Medical Society of the State of Mississippi." These laws were very complete, and effectually accomplished the object for which they were designed. But when the State Constitution was revised in 1834, the several boards of examiners were omitted, which operated as a repeal of all restraints on the practice of medicine in that State; and though the State Medical Society has maintained its organization, yet, since the year 1834, there have been no legal provisions for discouraging quackery in any of its forms. The first laws relating to the practice of physic and surgery in Louisiana were passed in 1808. They were revised and amended in 1816--17-20.

In the latter year, two medical boards were established, one for each supreme judicial district in the State. These boards were composed of six members each, appointed by the governor, with the advice and consent of the Senate, with one apothecary attached to the board in the first district. These boards were to examine all applicants for license to practice in their respective districts, and license such as were found qualified; but such as had graduated at a respectable medical college were permitted to obtain a license on exhibiting their diploma, without an examination. The apothecary attached to the board in the first district, was to examine and license apothecaries, who were under the same regulations as practicing physicians. The penalties prescribed for violating the laws of this State, by practicing without a license, were a fine of one hundred dollars for the first offense; and for the second, a fine not exceeding two hundred dollars, and imprisonment not more than one year. The attorney-general was required to prosecute for all violations of the laws. The licenses were required to be filed in the parish or county-clerk's office, the same as in Mississippi. A State Medical Society was incorporated in Tennessee, in 1830, with a board of censors authorized to examine and license all persons who may present themselves for examination, touching their skill in the practice of medicine and surgery. No term of study, or other preliminary condition, is required of the applicant, except that he be twenty-one years of age, and of good moral character; and no penalties are provided against practicing without a license.

The Legislatures of Ohio, Indiana, and Michigan, have all passed laws incorporating State and County or District Medical Societies, with power to appoint censors, and license candidates to practice much the same as in New York. These laws also laid some moderate restrictions on unlicensed and irregular practitioners; but, as in most of the older states, all these restrictions have been repealed within the last ten years,

leaving the regularly organized societies to maintain the honor of the profession, and protect the interest of the community as best they could.

From the hasty glance we have now taken of medical legislation throughout the Union, it will be observed that during the first quarter of the nineteenth century, the legislatures of all the older states, except Pennsylvania, Virginia and North Carolina, enacted laws for the avowed purpose of protecting the citizens against the impositions of ignorance and empiric ism, and of promoting medical science. That these were the eal motives for enacting laws on this subject, and especially the first one named, that of protecting the citizens against imposition, is abundantly shown by the preambles and titles attached to the several acts themselves.

The idea of protecting the profession, or investing it with special privileges, seems to have been the discovery of a later period, as we shall see in the sequal. Again, the business of examining and licensing candidates for admission into the ranks of the profession, was not only uniformly committed to medical men, but, with very few exceptions, those men were also selected by the profession, or rather by regularly organized medical societies. Another important fact is, that during this period, medical societies were regularly organized in almost every state in the Union; hence the same effects that we have ascribed to the medical organization of New York, was felt to a greater or less extent throughout the whole Union. The intercourse between medical men was everywhere more dignified, medical intelligence was more rapidly and generally diffused, the importance of a good knowledge of anatomy, physiology, and chemistry, became better appreciated, and in the same proportion, medical colleges were more generally patronized, and medical literature cultivated.

Such were the legitimate and highly beneficial influences exerted by medical associations throughout the country. The number of graduates from medical colleges during the earlier

part of this period was comparatively small, and in some of the states even those were obliged to procure licenses before entering into practice—far the larger share of those who entered the regular profession being examined and licensed by the boards of censors, appointed by state or district Medical Societies—a considerable fund was thus derived, which, in most instances, was appropriated, as in New York, to the support of the several societies, and the promotion of their legitimate objects;---holding thus, as it were, the keys of the profession, and aided, to some extent, by the funds derived from licenses, the medical organization of the several states and districts was actively and vigorously sustained.

The organization of Medical Societies throughout the Union also brought into beneficial action another powerful stimulant to human enterprise--viz., ambition. Every society, whether county, district, or state, must have its official stations, its posts of honor; and hence, every right-minded member of these societies would be so influenced in his conduct as to gain the esteem and confidence of his professional brethren, without which he could not hope to be honored by them. But while the internal organization of the profession was thus rapidly improving its character and influence, other agencies were brought into operation, some of which exerted a widely different effect, both on the profession and the community.

At the commencement of the period now under consideration, only about five hundred students were in attendance on the lectures in the four or five medical colleges then existing in the Union, and the whole number of graduates for the year 1807 did not exceed fifty. No sooner, however, did the study of anatomy, physiology, chemistry, etc., become better appreciated through the influences already detailed, than the students attending the colleges began rapidly to increase, and the number of colleges increased also. The small degree of prosperity which attended the Medical Department of Columbia College, led many members of the profession to use their influ-

ence to establish another college in that city. Accordingly the regents of the University of New York granted a charter for a new college in 1807, called the "College of Physicians and Surgeons of New York." This school was placed under the direction of a board of trustees, consisting of the whole medical society of the city and county of New York, and the degree of M. D. was conferred by the regents of the University of the State, on the recommendation of the trustees and faculty of the college. The first course of lectures was given in the winter of 1807--8, to a class of fifty-three students, and was continued regularly thereafter until the present time.

In 1810, the Medical Department of Columbia College was finally discontinued, leaving the College of Physicians and Surgeons the only one in the State, with a class of students numbering eighty-two. But instead of that rapid prosperity which the friends of the institution, and the regents of the University now anticipated, the very numerous board of trustees, being mostly medical practitioners in the immediate vicinity of the college, soon became distracted by opposing councils, and jealousies between them and the members of the faculty, which caused much difficulty, and greatly retarded both the prosperity of the college, and the progress of medicine, in that city.

The Medical Department of the University of Maryland, in Baltimore, was incorporated by the Legislature of that State in 1807, and was soon supplied with an able faculty, and has continued to enjoy a fair share of public confidence and prosperity until the present time.

In 1810, a medical department was attached to Yale College, at New Haven, but the first course of lectures was not delivered until the winter of 1813--14, since which time they have been regularly continued, the class usually numbering between fifty and one hundred, and the number of graduates from three to twenty-nine annually,

The next medical institution established in the country was

at Fairfield, Herkimer County, New York, in 1812, called the "College of Physicians and Surgeons of the Western District." It was chartered by the regents of the State, with the same powers and duties as the College of Physicians and Surgeons of the city of New York. The degrees were conferred by the regents on the recommendation of the faculty and trustees of the college. The first course of lectures was given in the winter of 1813--14, to a class of thirty-three students. The course of this institution was marked by a uniform degree of prosperity until 1834, when the class numbered two hundred and seventeen. From this period it began gradually to decline, owing to the influence of neighboring schools, and in 1840 the whole faculty resigned their places, and no successors were appointed.

Two new colleges were established in 1818, one at Castleton, Vermont, called the "Vermont Academy of Medicine," and the other at Lexington, Kentucky, called the "Medical School of Transylvania University." The degrees of Castleton Medical College were conferred by Middlebury College until 1828, since which time they have been conferred by the college under its independent charter. The number of students in attendance have varied from twenty-four, in 1818, to one hundred and thirty, in 1836, and the number of graduates averaged about twenty-five annually. Since 1835, two courses of lectures have been given annually; one in the spring and another in the fall. The Transylvania Medical School rapidly attained a high degree of prosperity, the number of students averaging over two hundred annually, and the graduates varying from seven, in 1820, to eighty-three, in 1835.

The Medical College of Ohio was incorporated in 1819, located at Cincinnati, and has continued with a fair share of prosperity until the present time.

In the following year, the Medical School of Maine was established at Brunswick, in connection with Bowdoin College. The first course of lectures was delivered in 1821, to a class

of twenty-one students, while in 1836 the number had increased to one hundred, and the number of graduates to twenty-seven. The medical school attached to Brown University, at Providence, Rhode Island, was established in 1821, but was discontinued after a few years. In the year following, the Medical School of the University of Vermont was commenced at Burlington, but was also discontinued previous to 1840. The Berkshire Medical School was established at Pittsfield, Massachusetts, in 1823, and has continued its annual courses of lectures to classes varying from seventy-three to one hundred and seventeen, until the present time.

The next medical college established in the country was at Charleston, South Carolina, in 1824, called the "Medical College of South Carolina." This school appears to have been under the control of the Medical Society of the State, and enjoyed a fair share of public patronage until dissensions arose between the faculty and the governing body, which caused the former to resign their places in 1832. Their places were immediately filled, and the annual courses of instruction continued, but to a greatly reduced class for several years. In the meantime, the professors who had resigned obtained from the State Legislature, in 1833, a charter for another school in the same city, called the "Medical College of the State of South Carolina." The first class attending the new college in the winter of 1833--4, numbered one hundred and three, and the school seems to have sustained a fair degree of prosperity up to the present period. During the year 1824, another school of medicine was also established in Philadelphia, called the "Jefferson Medical College." But the first course of lectures was given in the winter of 1825--6, to a class of one hundred and ten students. It has since acquired a degree of popularity, second only to that of the University of Pennsylvania, so long established in the same city.

In 1825, two other colleges were established, viz.—the Medical School of Columbian College, in the District of Columbia,

and the Medical School of the University of Virginia, at Charlottsville. The organization of this latter school is somewhat peculiar. Its periods of instruction continue through ten months of each year, and all the branches are taught by three professors, in much the same manner as other sciences are taught in collegiate institutions. The number of medical students in attendance, in 1835--6, was sixty-three. The Washington Medical College was established at Baltimore, Maryland, in 1827, its degrees being conferred by Washington College, in Pennsylvania until 1833, when it obtained a regular charter from the Legislature of Maryland. In 1834, the number of graduates was only ten, and in 1838--9, the whole number of students was fifty-three.

The next medical institution was the "Medical College of Georgia," located at Augusta, and incorporated in 1830. The first course of lectures, however, was not given until the winter of 1832--3, when twenty-seven students were in attendance.

In 1834, the Willoughby University, at Willoughby, Ohio, was incorporated, and supplied with a medical faculty, who gave their first course of lectures in the winter of 1835--6 to a class of twenty-three students. It enjoyed a moderate degree of prosperity until the year 1847, when the medical department was transferred to Columbus, and re-organized under the name of the "Starling Medical College," in honor of Lyne Starling, who made the very liberal donation of thirty thousand dollars for the benefit of the institution, and five thousand dollars more for the establishment of an hospital.

During the year 1835, no less than four medical schools were added to the number already established in the Union, viz.—the Medical College of Louisiana, at New Orleans; the Medical Institution of Geneva College, at Geneva, New York; the Medical Department of Cincinnati College, at Cincinnati, Ohio; and the Vermont Medical School at Woodstock, Vermont. The Louisville Medical Institute, at Louisville, Ken-

tucky, and the Medical Faculty of the University of the City of New York, were established in 1837, and the Medical Department of Hampden Sidney College, at Richmond, Virginia, in 1838. In the following year, still two more were added, viz.—the Albany Medical College at Albany, New York, and the Medical Department of Pennsylvania College, at Philadelphia.

During the period intervening between 1840 and the present time (1850), no less than thirteen new medical colleges have been established, viz.—two at St. Louis, Missouri, called the University of Missouri, and the St. Louis University; one at Chicago, Illinois, called the Rush Medical College; one at Cleveland, Ohio, called the Western Reserve College; one in Indiana, called the Indiana Medical College, located at La Porte; two in Philadelphia, called the Philadelphia College of Medicine, and the Franklin Medical College; one at Buffalo, New York, called the Medical Department of the University of Buffalo; one at Memphis, Tennessee, called the Memphis Medical College; one at Evansville, and another at Indianapolis, in Indiana; one at Davenport, Iowa, called the College of Physicians and Surgeons of the Upper Mississippi; and one in Michigan, located at Ann Arbor, being a department of the University of that State.

Of the forty-three medical colleges which have thus been organized, we believe that seven have been wholly discontinued, while others have merely changed their names or localities, leaving thirty-six now in active operation in the United States. Of these, seven are in the eastern or New England States, nine in the middle, seven in the southern, and thirteen in the western. It will be noticed that only six medical colleges were organized prior to 1810, five between 1810 and 1820, eight between 1820 and 1830, eleven between 1830 and 1840, and thirteen between 1840 and 1850. The number of students in attendance on the several colleges, at each period

of ten years, may be stated as follows, together with the number of graduates, viz,:

WHOLE NUMBER OF STUDENTS.		GRADUATES.	
In 1810	650	In 1810	100
" 1820	964	" 1820	181
" 1830	2125	" 1830	597
" 1840	2800	" 1840	775
" 1850	4500	" 1850	1300

These numbers are not claimed as entirely accurate, owing to the difficulty of obtaining complete and reliable information on the subject; but they are sufficiently so for all the purposes of comparison. They illustrate very clearly what we have already stated when detailing the organization of medical societies, viz., that the medical colleges were patronized just in proportion as the importance of the fundamental branches of medical science became better and more universally appreciated, through the medium of such societies. Thus, during the ten years following 1820, a period when the medical societies of most of the states were in their most active and influential state, the number of students attending the medical schools were more than doubled, and the number of graduates increased threefold. It is a fact also worthy of notice, that the number of graduates has been constantly increasing faster than the whole number of students. Thus, in 1810, the ratio of graduates to the whole number of students attending the schools, was 1 to 6, 5; in 1820, 1 to 5, 3; in 1830, 1 to 3, 5; in 1840, 1 to 3, 6; in 1850, 1 to 3, 4.

But this exceedingly rapid increase in the number of students who resort to the medical colleges, and the number taking degrees, by no means indicate an equally rapid increase in the whole number of those pursuing the study of medicine. For, it must be remembered, that medical examiners had been appointed in a large majority of the states in connection with their social organization; and, during the first quarter of the present century, a much larger number of students were probably examined and admitted by these numerous boards of examiners than by the colleges. But a large majority of the

states having made the college diploma a legal admission into the profession, with all its rights and privileges, it soon became the paramount object of the student's pursuit. This, together with the absence of all preliminary requisites in regard to general education, and the many facilities afforded by the rapid multiplication, and consequent competition of the colleges with each other, caused the licenses from local examining boards to be comparatively neglected. Thus, in 1820, only thirty-eight students received the degree of M. D. from the medical colleges of the State of New York, while three times that number were examined and licensed by the censors of the state and county societies. In 1830, the graduates from the medical colleges of the same state numbered fifty-six, those licensed by the censors of the state society, seventeen, and probably one hundred more by the numerous county boards. While, in 1846, the whole number of graduates in the state was two hundred and forty-six, the number licensed by the censors of the state society was only three, and those reported by the county societies, five. Although it is quite probable that a few were licensed by the county societies who were not reported to the state society, yet the whole number for two or three years previous had not averaged ten annually. The effects of this rapid change were twofold, The local societies being gradually deprived of the funds derived from granting licenses, soon found their libraries neglected, and their regular meetings diminishing both in interest and in the numbers in attendance. This gave rise to a general feeling of indifference on the part of the profession, during the prevalence of which many local societies ceased to maintain an active existence; and whatever laws for restraining quackery had been enacted by the legislatures of the several states, were, with very few exceptions, repealed. While, on the other hand, the great increase of patronage bestowed on the medical schools, literally begot a mania for college making. And this mania was rendered still more intense by the regu-

lations almost universally adopte dasre quisites both for graduation and license. These gave no credit for any courses of instruction, however extensive and complete, except such as should be delivered in a regularly-established college. Hence, every professional man who became ambitious of distinction as a teacher, sought a professorship in some college as the only position in which that ambition could be gratified. And as there are always more such men than there are places for them to fill, the constant and inevitable tendency is to the creation of more places. If the State Legislature, to whom application is made for an act of incorporation, happens to be so stupid as not to perceive the necessity of establishing a new school, a bargain is soon struck with some literary college, already possessing the right to confer degrees, to furnish the necessary diplomas, and straightway a new medical college, with all the usual honors and privileges, springs into existence. To so great an extent has this spirit been carried, that scarcely a single year has passed since 1830, without witnessing the birth of one or more of these institutions. If the standard of preliminary education had been elevated, and the requisites for graduation increased in proportion to the multiplication of schools, no evils would have resulted to the profession or the community; but, there being practically no standard of preliminary education, and the professors, with only two or three exceptions, being the sole judges of the student's qualifications, the addition of every new college only served to increase the competition, and add to the facilities for obtaining diplomas. Indeed, to such an extent has this spirit and practice been carried, that any young man can obtain the once high and honorable title of M. D. for a less expenditure of time and labor than it takes to obtain the primary literary title of A. B.

It is true that the professors in many of the colleges would gladly have stayed this tendency of things; but it was not in their power. Hence, with only two or three recent exceptions,

eight months' attendance on a medical college—three years' study, including the eight months—twenty-one years of age—and a thesis on some medical subject, constitute, practically, all the qualifications required of the candidate for medical honors, previous to his examination.

If we contrast these with the qualifications required in other countries, or with those originally required by the founders of the old school in Philadelphia, we shall cease to be surprised either at the crowded state of the profession, or at the heterogenous mixture of all grades, characters, and degrees of attainment which it presents. The impossibility of any faculty of five or six professors doing anything like justice to the whole field of medical science in the short space of four months to say nothing of the perfect absurdity of attempting to crowd any amount of material so vast and varied on the mind of the student in so short a space of time, early attracted the attention of many enlightened members of the profession, among whom were some of the ablest professors connected with our schools. Hence, attempts were made from time to time to extend the courses of college instruction, and elevate the standard of medical attainments; but so rapid was the increase of new schools, and so active the rivalship, that every attempt to produce concert of action among the schools of even a limited number of states proved abortive. We believe the earliest of these efforts were made by the colleges of New England, some of whom, in good faith, carried into practice an agreement to extend their courses of instruction; but others, wholly neglecting the movement, soon induced all to return to the former limits.

In 1835, the faculty connected with the Medical College of Georgia called the attention of their professional brethren to the same subject; and, both by correspondence and through the columns of the *Southern Medical and Surgical Journal*, urged the propriety of a national convention of delegates from all the colleges, not only to agree upon a longer term of instruc-

tion, but also upon a higher standard of medical education. These efforts were favorably responded to by a large proportion of the colleges then existing, but the time and place for holding the convention was left to the medical faculty of the University of Pennsylvania, who, by declining to

[See page 501.]

ARTICLE I.

Electro Galvanism.—A paper read before the Æsculapean Society, by THOS. D. WASHBURN, M.D., of Grayville, Ill., ordered to be published by the Society.

Among the many innovations which have quietly forced themselves into the confidence of the profession, I know of no one presenting stronger claims to our consideration than that of Galvanism, or Electro-Magnetism.

1st, From its *efficacy* as a medical agent.

2d, Because it reaches a variety of cases hitherto almost irremediable, and many of the most painful nature to the patients, and harrassing to the medical attendant.

3d, Because of its eligibility of application.

It is some half century since Galvanism was first discovered; its application to medicine is of much more recent date. About twenty-five years since, it began to attract general attention, and numerous experiments began to be instituted and new features, laws, and phenomena, have continued to be developed up to the present time.

It will hardly be worth while now to trace the many and various experiments by which it has arisen from a strange mystery to a beautiful science; our object is to show its influence on the vital system, and its value as a therapeutic agent.

"The galvanic current when brought to act upon the living body is capable of producing three orders of effects.

"1st, It produces peculiar sensations.

"2d, It determines muscular contractions.

"3d, It is supposed to influence the organs of secretion."

It matters not whether the galvanic current is applied directly to the muscle or part through which you wish to transmit it, or only to the *nerve*, which supplies the part, the effect is about the same: but it should be borne in mind, in reference to the influence of galvanism on the muscular system, that a shock is felt and convulsions produced, not only when the circuit is completed, but also at the moment when it is broken, and during the *maintenance* of the circuit these effects are *not* perceived.

Here it may be well to mention the comparative value of the two agents, Electricity and Galvanism. "The discharge of a Leyden jar and a Galvanic battery produce sensations so similar as to render it probable that they affect the living body in the same way." But Dr. Bardsley and Mr. Donovan, of Dublin, contend that Galvanism is much the most efficient agent, and conceive it acts more deeply within the organs, while Electricity acts more superficially; and at the school of medicine, in Paris, the commission which reported on the subject, found reason to conclude that the "effects of the battery penetrate and effect the nervous and muscular structures more deeply than ordinary electric machines;" at any rate the Galvanic battery possesses advantages which will always give it preference.

1st, The quantity of Electricity it sets in motion is vastly greater, and yet, at the same time can be graduated to a minimum dose with perfect ease.

2d, You can apply it with facility to any part or organ, without affecting the whole body, as for instance in partial paralysis, aphonia, amaurosis, and deafness.

3d, You can bring it into action in all weathers without diminishing its power.

In regard to the effect of Galvanism on the secreting organs,

some interesting experiments were made by Dr. Wilson Phillip, which I will mention. "The par vagum, or eighth pair of nerves, which are chiefly distributed to the stomach and lungs, were divided in the necks of several rabbits shortly after having fed on parsely. Their respiration was thus rendered laborious, nausea and fruitless attempts at vomiting supervened and the animals finally died, apparently of suffocation. Upon opening their stomachs, also, the parsely was found quite unaltered, from which he concluded that the secretion of the gastric juice had been suspended.

The same experiment was then performed on other rabbits, with this difference, that galvanic currents were sent to the stomach by applying one of the poles of a small pile to a slip of tin foil wound round the lower ends of the divided nerves, and the other pole to a disc of silver laid upon the epigastrium. In all these cases dyspnoea and tendency to vomiting were wanting, and the animals being killed, after the currents had been continued for twenty-six hours, the parsley was found perfectly digested, and the stomach of each exhaled the odor peculiar to this organ during digestion." From experiments such as these, Dr. Phillip justly concludes that the secretion of the gastric juice was under the control of the nervous influence; but whether this is identical with the power generated by galvanic combination perhaps has not been sufficiently proven. Some have even gone so far as to affirm, that the nervous fluid was not only identical with galvanism, but that "animal heat was generated by currents of electricity ever circulating through the arterial branches of the sanguiferous system;" but the demonstrations of Liebig, I think, must for ever settle the question of animal heat.

Previous to the introduction of the modern Electro-Galvanic machine, Prevost and Dumas suggested the galvanic pile for for the purpose of breaking down the material which compose urinary calculi, but their experiments though partially successful were so difficult of practical application that other mechanical means have taken the place of it.

The next application was in the treatment of Asphyxia, whether proceeding from strangulation, drowning, narcotic poisons, the inhalation of noxious gases, or simple concussion of the cerebral system.

In all these cases the interrupted current is the proper one, and should be transmitted along the course of the nerves. M. Goudret was among the first to direct attention to this point by certain experiments on animals. "A Rabbit which had been to all appearance killed by a few blows on the head, was perfectly recovered by a succession of shocks continued for half an hour. Similar experiments were also performed by Mr. Apjohn. and Magendie states that himself, Pouillet and Roulin had repeatedly succeeded in recovering by means of the pile, rabbits asphyxiated by submersion in water for more than a quarter of an hour, and adds the important remark that *patience* on the part of the operator is particularly indispensable, inasmuch as in cases finally successful reanimation was often not achieved for full thirty minutes.

It is highly probable that it would be equally successful in cases of narcotic poison. But I must not forget to make a distinction pointed out by Mr. Apjohn in his able article in the Cyclopedia of Practical Medicine, on the subject, viz.: that Galvanism, flowing in a continuous current, produces a condition on the part or system, opposite to that generated by the interrupted current; the former acting as a sedative and producing relaxation; the latter as a stimulant and tonic. The former should be transmitted along the nerves in a direction *contrary* to their ramifications, the latter *with* the *course* of the nerves. Some discrimination is consequently necessary in appropriating the one or the other according to the character of the disease.

In cases of Tetanus, Epilepsy, and some forms of Neuralgia and Asthma, the continued current is the one indicated, while Asphyxia, Paralysis, Chronic Rheumatism, and other affections, the result of debility or want of power, will receive most benefit from the stimulus of broken currents.

The Electro-Galvanic or Electro-Magnetic machines, as they are termed, which have become one of the essentials to the complete outfit of a Drug establishment, are all supplied with a vibrating or revolving armature, which breaks the current and produces by its alternate action a succession of shocks; but the more common way of using the continuous current has been to place some moistened bits of sponge or linen where you wish to transmit the current, and cover one with a disc of silver, the other with copper, and unite the two points by a copper wire, or the galvanic trough may be used and connected to these points by the same discs.

In part 18th of Braithwaite, we find a communication by Surgeon Wells, who witnessed the administration of Galvanism at the Civil Hospital of Corfu. He describes the apparatus as consisting of an "oval plate of zinc from 2 to 4 inches in diameter, to the back of which a flexible wire of pure silver is soldered, and at the other extremity of this wire a plate of pure silver of the same size; the length of the wire is unimportant, varying according to the distance of the plates."

With this apparatus Ulcers, Fistulæ, fungous growths, and certain nervous diseases, were successfully treated. Some dozen rules are given for its application, for which I shall have to refer the curious to his article.

The ordinary machine of the shops, sold for medical purposes, is made up of a battery consisting of a cylinder cup of copper some 4 inches in diameter and some 5 or 6 inches in height, within which is placed a cylinder of zinc kept from contact with the copper by two small wooden ears; attached to each cylinder is a *small* metal cup, in which the connecting wires are inserted and, passing to similar cups on the base board, connect with a helix (a large coil of insulated wire) in which is placed a piston of soft iron rods, which, by moving in or out, regulates the force of the shock. The helix is also connected to an upright magnet wound with insulated wire, upon which the armature plays. A strong solution of sulphate of

copper placed in the cylinders after the connexions are made with the metal cups, generally starts the machine in a few minutes, and it is ready for application. The helix is usually surmounted with a grooved piece of metal, and if one of the connecting wires is taken from the base board and passed over this, a slow, heavy shock is given.

A good Battery with the necessary apparatus can be purchased at the East for $10, giving shocks as severe as a strong sound man can withstand.

There are other more complicated machines which sell from $20 to $25.

With the action and use of these machines I have been familiar for the last six years, and have seen them applied in various cases; in some with marked benefit, in others with decided success, and in no case have I ever known it prove deleterious, though I think there are cases which might be aggravated by its application.

Of the class of diseases in which Electro-Galvanism has been found most serviceable, that of paralysis is perhaps the most prominent, and even here it must not be applied indiscriminately; in a recent case of Hemiplegia, the result of extravasation or effusion, the immediate application of this agent would be injurious, while after absorption had taken place in part or full and the nervous system remains paralyzed from disease, the stimulus by the machine would be highly useful in restoring the nervous energy and imparting tone to the affected part.

All cases of Paralysis, the result of organic disease either in the brain, spinal column, or ganglionic system, would not probably be improved by the excitement of Galvanism; but those of a purely functional kind, as general or local Paralysis, arising from exposure to cold, absorption of lead or other poisons, want of nutrition, and the sequelæ of violent and protracted disease, these and some varieties of deafness and amaurosis would be essentially benefited by the proper application of Electro-Magnetism.

Nor are these cures performed by any *magic* influence, or any *unseen* and *mysterious* agent, shut out from all approach to science and reason. The merest tyro can ascribe a satisfactory explanation of the "modus operandi." The Galvanism traveling along the nerves excites muscular contraction, this increases the circulation, determines more arterial blood and through *it* imparts warmth, health and vigor to the part.

In the 14th No. of "Braithwaite," Dr. Golding Bird reports some half dozen cases of different forms of Paralysis treated by Electro-Galvanism with remarkable success, and at the close of the article adds, "In the great majority of forms of Palsy above described, it is indubitably, in some, the actual curative agent; in all, it expedites and aids the cure; in none is it injurious."

Mr. J. C. Christophers, in the *Lancet* of '48, narrates several cases of interest, two of which I take the liberty of introducing to your notice. The first was a case "of Chronic Rheumatism of three years' duration, and of most intractable character, the patient having undergone long courses of medical treatment, besides sea-bathing and Homœopathic treatment. First, says he, I passed a current down the spine for half an hour or longer, then from the hand to the spine an hour. At the end of a few weeks she began to experience a feeling of warmth in the hands, and their strength gradually returned, so that by degrees she resumed her labors, continuing the Galvanism daily as before. Her hands have almost, if not quite, acquired their former power, (the dislocation of course remains) though she is still under treatment for the feeble condition of her ankles and knees, and is galvanized three times a week with increasing benefit to both.

"Last winter this patient was confined entirely to her bed, this winter she has not kept her bed a day; moreover regularly followed her occupation (that of Laundress) through a very severe season, and surrounded by circumstances eminently tending to produce an accession of the disease."

Case 2d, "A fine well made man, in the prime of life, was attacked some years since, with severe pain about the hip joint, extending to the knee, which was at first treated as rheumatic by drugs, counter irritants, &c., and by the introduction of needles at short intervals from the hip down to the knee.

No benefit was thence derived, and he was obliged to throw up his employment. He consulted several practitioners, without obtaining relief, and amongst others myself. He complained of great pain in the buttock and knee joint.

The affected limb was two inches shorter than the other, much less in circumference, flabby and cold; the power of motion was perfect, though sensation was evidently impaired. Here was another intractable case, in which a host of remedies had been tried without success; still there were circumstances about it that induced me to add Electro-Galvanism to the number, and with these results,—that the pain gradually decreased, and the limb regained its size, strength, firmness and temperature, and that the patient is now able to earn his living by following his occupation."

The chronic character of these cases, and their obstinate resistance to treatment, render them unusually instructive. Other cases could be mentioned; several have fallen under my own observation, and I have been able, with these means, to restore a paralyzed limb, and greatly to alleviate cases of Chronic Rheumatism. But I must pass to other features of disease where Galvanism has proved itself one of the most efficient and successful agents in our power. I refer to the class of Uterine Affections. Next to Paralysis, I know of no family of disease which baffles all the resources of medical art, and all the skill of consummate wisdom, more than the class before us. To be thrown, in a moment of time, under all the dread responsibility of preserving human life in one of its most interesting and fearful periods—that of parturition—to feel that a slight omission or a trifling commission, or nature herself, may place our patient in jeopardy which human

power cannot control, brings a shudder over the stoutest heart.

In such an emergency, we hail with delight any means that promises to extricate us from even a possible dilemma, and no *one* item, I believe, has proved more of a specific than Electro-Galvinism for many conditions and disorders of the uterine system.

In inertia of the womb, either before labor, when the vital fluid is steadily passing away, or after labor, when life's floodgates seem to have been opened, and the blood gushes in torrents, nothing has ever been found to check this condition, to close up these living streams, and produce tonic and periodic contraction of this organ like the agent of which I speak.

Take another condition—one enfeebled by lucorrhœal discharge, brought on by prolapsus, extending a miserable existence, exsanguinated, depressed, and irritable, I believe there is no panacea, no iron tonic or bitter specific, no pessary or supporter able to restore the lost vigor and enfeebled condition, like the wholesome stimulus of Galvanism.

So, too, in Amenorhœa, or suppression, you find young women whose friends talk of their going into a decline; the rosebud of health has been exchanged for the pallid, listless, tallowy look of Chlorosis, but a few shocks from the galvanic battery, at the appropriate time, along the nerves distributed to this organ, will do more to set the course of nature right, and mantle the cheek again with crimson, than the best assortment of drugs most assiduously applied for a twelvemonth.

Bo you ask again why this wonderful effect is produced in these cases? Because you strike at the seat of difficulty. You go to work at the cause; and having restored tone and function to the organ which occasioned the mischief, a state of health ensues. I know not why more of these cases have not been reported in the journals, but I was told at the dispensaries in New York city, that it was common for young wo-

men, emigrants, after a long sea voyage, to be troubled with suppression, and nothing had ever succeeded in removing the same, like Electro-Magnetism. I have used it and known of its application in several cases, and always with good results.

In part 13, of Braithwaite, I think, Mr. Dorsington relates three cases of Uterine Inertia, and sums up as follows :—

"That it is a very powerful remedy, there can be no doubt in the minds of those who have seen it tried, and that the uterus will respond to its application, whilst the general system is completely prostrated, is equally certain."

At the Rotunda Lying-in Hospital, Dublin, Mr. Clarke reports two cases of lingering labor from Uterine Inertia, in one of which the membranes had been ruptured 49 hours, and the other labor had lasted 60 hours, when the electro-magnetic current was employed with perfect success.

In all torpid conditions, where the vital powers seem disposed to flag, the stimulus of the galvanic machine is most favorable and salutary. I knew an old gentleman, upwards of 70 years of age, who used the instrument daily, for the warmth and stimulus which it afforded. If the galvanic current was able to digest the parsley in the stomachs of rabbits, as mentioned among our experiments after division of the par vagum, we would justly infer that in debilitated condition of that organ, in most forms of chronic Dyspepsia, at least some degree of this stimulus would be highly useful, and such it has proved to be, though but one case has ever been fairly tested in my own hands.

In regard to its relations to surgery, I cannot better present its claims to our consideration, than by using the language of Druitt, in his valuable work. Speaking of Electricity and Galvanism he says :—"Although these powerful agents have been by turns overrated and decried, and have lost much of their therapeutical reputation, through having been resorted to as the last desperate remedy, in cases where it was irrational to expect benefit from them, still no one who knows how to use them can doubt their efficacy.

"In certain cases of defective circulation and nervous influence—when the thigh is weak and benumbed with Sciatica; in cases of atrophy of the extremities after Fever, when the extensors are paralyzed from long disuse, as after disease of joints; in deficient menstruation; in Dyspnœa from weakness of the sotmach: in loss of voice, from relaxation of the mucous membrane of the fauces; in hysterical neuralgia, and in other cases of nervous pain, unattended with increased vascularity. they may be resorted to with every prospect of benefit;" and adds the most convenient apparatus seems to be a single battery, with a coil, and an apparatus for giving a stream of gentle shocks. Whether the indolent tumors which sometimes develope themselves in the scrofulous diathesis would be benefitted, I do not know, but reasoning from analogy, we are inclined to think Galvanism would be highly useful, and after protracted illness and convalescence, if anything would assist to arouse the dormant energies to their wonted life, this agent must be among the most certain and powerful. In cases of drowning, I believe this agent to be invaluable.

In its administration, "the feelings of the patient must be our guide, as to the strength of the charge in each particular case. Some will sustain with impunity, shocks which would be distressing and injurious to others."—[Ency, p. 297.

In the machine of which we are speaking, the small piston of iron rods graduates the amount with the greatest ease. In ordinary cases, 10 or 15 minutes, once or twice a-day, is as much as is necessary.

The application of the poles, to one familiar with the anatomy of the system, is not difficult, as you have only to place one over the root or trunk of the nerve, and the other over the affected part or the extremities of the same nerve.

In taking up a subject of this kind, entirely separate and disconnected from *all* others, many might infer that undue weight and unmerited importance was attached to it—that more force and power was given to this as a medicinal agent, than expe-

rience and facts would sustain. But I disavow any intention to distort the real worth of this as a curative means, or to detract from or neglect any other remedy whatever. I am not a "hobby" man. I believe, as I said in the outset, in the liberty and power of medical men selecting any and every agent from whatever source it may spring, so it stands the test of experience, and Electro-Magnetism, especially, I think one of those remedies which can oftentimes be brought in with other treatment, with the greatest advantage. I selected this topic in part to gratify my own curiosity, that I might better satisfy myself in regard to the powers and uses of this remedy, and also to direct the attention of the profession to this interesting subject, that still further advances might be achieved, new facts developed, suffering alleviated, and the world enlightened.

ARTICLE II.

Congestive Fever.—Part of a paper read before the Peoria City Medical Society, by E. S. Cooper, M. D.

I shall attempt to portray a disease known more or less familiarly to all practitioners of the West and South, by the various local and general names of Congestive Chill, Malignant Fever, Pernicious Fever, Congestive Fever, &c., &c., all of which are more or less vaguely applied,—particularly the "Congestive Chill," which has of late obtained such gloomy notoriety in the category of Western maladies, and swelled the bills of mortality until the irregular practitioner finds a good excuse for the death of his patient under that specious name. Since the Fall of '38, particularly, has this disease, or the name at least, become the watchword of alarm in many parts of Illinois. To say that this name has been misapplied, would be but speaking the truth, but to say that there is no-

disease of peculiar fatality attended and particularly characterized by internal venous congestions, would be far from the truth.

Compatibly with my views, a correct nosological arrangement would cut off all the above names, as applied to any Fevers which I have seen, excepting the name of Congestive Fever, which, I think, might with propriety be retained.

The name, in my opinion, is not only pertinent when referring to a character of disease which has come under my observation, but particularly well applied. I shall, therefore, assume that it is a proper term, and endeavor, as I pass along, to prove that it is so.

In describing the disease as it has occurred in my practice, I shall, for the facility of description, adopt a different arrangement from authors who have written on the subject, which arrangement I think indispensable to a correct delineation of its character.

I shall divide it into three types and three varieties.

Type.—The type may be Remittent, Intermittent, or Continued.

Variety.—The variety may be either Mild, Intervenient, or Malignant.

The importance of this arrangement consists partly in the fact that the first variety is the mildest form of Fever incidental to Illinois, and the latter decidedly the most malignant.

The mild variety is generally of the continued type, and is characterized by more or less diminution in the temperature of the surface; the pulse is a little smaller than natural.

These symptoms continue a longer or shorter period, and pass off spontaneously, by the action of a mild cathartic, or run into one of the other varieties, by exposure to atmospheric vicissitudes, by too great physical and mental exertion, or by the imprudent indulgence of the appetite. Particularly the eating of indigestible articles of food has been a common cause of change from the Mild Continued variety to the Ma-

lignant, Intermittent Paroxysm, which in many instances terminates rapidly fatally, despite the most skilful appliances of our art.

It sometimes occurs that the Mild or Continued variety continues to increase in the severity of the symptoms, from the commencement of the attack until the patient becomes greatly prostrate, without changing its type, but, in my practice, these cases have been rare.

In addition to the causes assigned for the unfavorable change of type, the action of drastic cathartics may convert the mild into fatal symptoms. Of this I shall have further occasion to treat again.

The following case shows the agency which indigestible substances taken into the stomach may have in changing the type, and thereby jeopardizing the life of the patient.

Case.—Mr. A. B.—wagoner by trade—ate freely of cold ham and other meats on the 19th of Nov., 1848, after having walked about for several days, with a cool skin and small pulse. Soon after eating, he was taken with vomiting and purging, and when I saw him, which was about an hour after, he was extremely prostrate, with a cold damp skin and blanched conjunctiva. He vomited up the meats. After recovering from this paroxysm he had an intermission, during which he felt comparatively well.

Two days after the first chill, he had a slight shade of the same, the severity of the symptoms were doubtless prevented by the free use of tonics, during the intermission.

In this case the symptoms might have continued for several days as they had been previously to his taking the meats, or might have slowly declined, without developing anything very important in the character of the disease, but for his having taken the indigestible substances which caused a centripetal direction of the blood.

Intermittent.—The Intermittent is regular in the recurrence of its paroxysms, which are Quotidian, Tertian, or Quartan—

though generally of the Tertian grade. It is sometimes fatal in the first paroxysm, frequently in the second, and if not modified by remedial measures, generally in the third. Perhaps no disease, incidental to the West, affords the same field for the triumphs of our art. The worst cases, if treated vigorously from the beginning, are almost invariably amenable to medicine, but so far as I am prepared to say, almost all die when left to themselves. The following case shows, particularly, the fatal tendency of the disease when the aid of medicine is not sought for in the early stages, and is precisely like many others which have occurred in the practice of every medical man in the sections where the disease prevails.

Case.—Mr. S., æt. 60, resident of Tazewell Co., near Drew's Mill, was attacked on the 21st of Aug., 1848, with a chill which prostrated him for some hours, and produced considerable subsequent debility, though he was able to walk about the house next day. On the subsequent day which was the 23d, I was called, and found him in the following condition: Pulse almost imperceptible; skin cold, much relaxed, and covered with large drops of cold sweat; lips and cheeks of a purple hue, as were, also, many parts of the surface, especially the hands and feet; conjunctiva blanched; eyes glassy and suffused with tears; countenance idiotic; tongue pale and tremulous; breathing laborious. The patient had been vomiting in the commencement, which was three hours previously. The chill lasted two hours longer, and terminated fatally.

Remittant.—The Remittent is much more mild than the Intermittent, though I think it sometimes runs into that type, and the patient dies with all the symptoms characteristic of that frightful malady popularly known among us as the "Congestive Chill."

This type has occurred less frequently in my practice than either of the others. Sinking of the pulse, greater or less in proportion to the severity of the attack, I consider indispen-

sable to constitute a Congestive Fever, and in the Remittent form of this disease, the remission is characterized by an increase of fullness, by the temperature of the surface rising. This form of the disease is comparatively mild, and unless by its running into the Intermittent, patients are seldom lost, though I saw it prevail in the eastern part of Illinois, where the disease was not subdued short of from five to ten days, medication. *Continued.* The continued form of Congestive, is the mildest form of febrile affection with which I have been acquainted and is characterized by a slight reduction in the temperature of the surface, the pulse is a little smaller than natural, with a general feeling of torpor, with uneasy sensations in the region of the stomach; the countenance is dejected.

These symptoms continue a longer or shorter period, often without prostrating very much, and finally subside without any efforts but the powers of nature. More frequently it requires a mild aperient, without which the disease very often changes the type and assumes a character very different and extremely difficult to treat successfully.

Pathology.—General internal venous congestion is the prominent feature in the pathology of most of these cases. In many instances some particular part is the principal seat of congestion, while the veins of other parts are slightly engorged.

The cavæ, with other vessels about the heart, may be the principal seat of engorgement, or the lungs, or the brain, and spinal cord, or all of these may be simultaneously engorged, as is the case in the fatal attacks of the disease. In the worst attacks the engorgement of the lungs constitutes the most prominent symptom, and in these cases the patient is borne down with a mysterious rapidity very like the worst attacks of Cholera. The lungs alone may be much engorged, and produce the most frightful and rapid collapse without an evacuation, except by sweating.

The accompanying symptoms indicate positively the pathological condition of the parts diseased, when the lungs are the

principal seat of Venous Congestion. Thus the purple lips and cheek, the blue skin accompanied with the cold extremities and extremely small pulse, laborious breathing, are not to be mistaken. As I can illustrate what appears to me to be the true pathology of the diseases in these attacks more clearly by introducing a case just here, I beg leave to do it:

Case.—Mr. W. E. R., æt. 43, forwarding and commission merchant, very temperate habits, but rather feeble constitution: attacked on the 9th of July, 1848, at 8 A. M., after having walked to his warehouse just before. At half past eight I saw him and found the following his condition: Pulse almost imperceptible; tongue pale and tremulous; conjunctiva blanched; skin cold, damp and relaxed; lips and cheeks purple, surface generally the same hue.

The patient was unable to turn himself in bed soon after the attack. He recovered from the paroxysm, but had a slight shade of the same symptoms on the second day at the same hour, having in the meantime taken largely of tonics to interrupt the anticipated chill.

In this case there was extreme engorgement in the veins of the lungs, and instead of producing increased vascular and nervous excitement, as is the case when the arteries are engorged, the action is as little if not less than in the natural state. I have even thought sometimes the excitement of a part or parts laboring under venous congestion was diminished in proportion to the extent of the congestion. In extreme congestion of the lungs the bronchial lining becomes relaxed and pours out a muco-serous fluid in the same way that the skin pours out the watery portions of the blood. The fluid effused from the lining membrane of the bronchia besmears that membrane and interrupts the contact of atmosphere with the blood, whereby its decarbonization is prevented, and venous blood being thrown back to the left side of the heart, in this state is carried into the system and acts as a slow narcotic poison.

This, it appears to me, must be the true state of all those

cases of extreme "congestive chill," in which the patient is borne down and exhausted without any evacuation but by the skin.

In other cases, where vomiting and purging are early and constant symptoms, the liver and its adjacent veins are greatly congested, the veins of the stomach and mesentery are likewise engorged.

When the veins of the brain are greatly distended the patient has an idiotic countenance, eyes glassy, conjunctiva blanched, complete torpor of the sensorial powers, extreme prostration of physical strength, and delirium. But no increase of heat about the head attends these cases. The skin of the forehead participates in the general dampness and relaxation which is common to the surface.

Whether the nervous system is the primary seat of derangement, as is contended by many, the accompanying symptoms are evidently the result of congestions in the venous system.

If not, why is it that in or during the intermittent paroxysm of the disease in one instance our patient is rapidly reduced by vomiting and purging unaccompanied with any blue tint of the skin. Another is reduced still more rapidly without any evacuation except by sweating, with an extraordinary change in the color of the skin.

What is it that produces this marked difference in the color of the skin in these cases? Could nervous influence alone, or unaccompanied with congestion of the lungs, produce such a want of decarbonization of the blood as is evinced in these latter cases?

If one patient dies with an idiotic countenance, blanched conjunctiva and early delirium; another dies with none of these symptoms, but with vomiting and purging, and yet another dies with all these symptoms combined, and if, in the first case, congestion is found in the veins of the brain and spinal cord upon post mortem inspection; in the second, the lungs; in the third, the liver, stomach, and mesentery, and in

the last more or less congestion in all, it appears to me, we can account for the difference in the symptoms by what is found to be the pathological condition of the parts, in the post mortem examination, without puzzling our brain to look beyond, into the mysteries of the nervous system, which at best accounts for but few of the various phenomena. If, then, we have found the pathological state, as evinced by post mortem inspection, to account satisfactorily for all the symptoms, and that pathological state to be internal venous congestion, then I urge the propriety of using the term Congestive Fever, particularly as many of its symptoms are more or less common to other Fevers.

ARTICLE III.

Treatment of Cholera.—By B. F. Mullen, M. D., of Madison, Ind.

Prof. Evans—Dear Sir: Having observed through the medium of the press notices of the appearance of Cholera in your city, I take the liberty of presenting for your consideration, the treatment employed by me in that disease. I may also state that the same treatment was adopted by my brother, Dr. A. J. Mullen, of Napoleon, and, singularly enough, too, simultaneously with myself.

To the treatment: If it was ascertained that the patient had lately partaken of indigestible or irritating food, an emetic composed of mustard and salt—of each a table-spoon full—was given, dissolved in warm water. This was followed by the following:

℞.——Hyd. chlo. mit., grs. xxx.
Pulv. Camphor, grs. xii.
" Capsicum, grs. vi.
" Acet. Plumbi, grs. xviii.
M. ft. chart. no. vj.

These powders are given as frequently as every 15 minutes, if the rice-water discharges are profuse and frequent, and less frequently if the case is a mild one. Is severe vomiting present? a large sinapism is laid on the bowels: in collapse, or cases bordering upon that state, the patient should be surrounded with *corn ears*, previously heated in boiling water, and wrapped in flannel cloths or blankets,—the bed removed to the middle of the room in order to admit a free current of atmosphere, no rubbing or annoying the patient, who is all the time to be kept in a horizontal position, and perfectly quiet.

As the rice-water discharges cease, the first ingredient in the powder is increased and the others diminished.

Iced Slippery Elm water is allowed the patient freely; for the cramps nothing, in my opinion, can be done, for they are occasioned by the absence of serum in the circulating system; for, how often do we meet with cramps in persons who have suffered from profuse Hemorrhage.

I thus inform you of the treatment employed, as it has been most successful. My brother, Dr. A. J. Mullen, has lost only six patients out of some two hundred, and I can find but ten fatal cases in all my Cholera practice, both in this city and at Napoleon, where I was called during the prevalence of that disease last summer. The treatment of the consecutive fever must be founded upon general principles. Death, when it occurs, is evidently from effusion in the ventricles.

I need scarcely say to you that the diarrhœa preceding an attack of Cholera is no ways identified with the diarrhœa usual to our country or season. Whilst in the hospitals in Mexico, (where I had the honor to serve,) I had the opportunity of observing diarrhœa in all its phases. Of course I had no difficulty in diagnosticating between Serous Diarrhœa and the other forms.

ARTICLE IV.

Case of Absence of the Uterus.—By Geo. Smith Crawford' M. D., of Chicago.

Editors Journal: Gentlemen,—If you think the enclosed worth publishing, it is at your service.

Sept. 19th. Mrs. A. D., æt. 30, has been married fourteen months, states that she never had any periodical discharge from the vagina, excepting about two years ago, when on one occasion there was a slight serous discharge, which she supposed to be the menstrual fluid; since girlhood she has had a small quantity of a whitish glairy fluid pass from the anus before the evacuation of fecal matter; about once a month, the discharge would continue for two or three days, on her going to stool; at those periods, she had pain in the loins, with general constitutional disturbance, and enlargement of the mammæ. Before marriage, she suffered much distress from pain and a sensation of fullness in the abdomen, not referable to any particular part; never was sensible of any pain in the region of the womb; since marriage, those anomalous feelings have not caused her much trouble; her general appearance at present is healthy. On examination, I could with difficulty introduce a small glass speculum, owing to unusual constriction of the sphincter; on withdrawing the speculum, which had not passed more than inch beyond the sphincter, I satisfied myself by a minute examination by the vagina and rectum, that the former terminated in a sac, and that there were no traces of a uterus.

Being desirous that my patient should be fully satisfied as to her condition, I appointed to call next day with a medical friend well versed in such matters, at which time Dr. Rutter was kind enough to attend, and, on examination, coincided with me as above; the depth of the vaginal sac does not exceed 1½ inches. She has sexual desires, and is gratified by [the attempt at] coition.

ARTICLE V.

Remarkable change of position of the Spleen and abscess of the same.—By J. J. Lescher, M.D., of Mt. Carmel, Ill.

Sometime in the spring of '48, in the early part of the evening, I was hastily called to visit a widow lady, some two miles distant, on the opposite side of the Wabash river, who, as the messenger reported, was suffering intensely from a tumor on the right and lower side of the abdomen. As speedily as I could, I reached her house when quite dark, and discovered the patient, aged 35 years, in a very emaciated condition, and with intense agony depicted in her countenance. Upon examination, I discovered an immense tumor occupying the greater part of the right iliac region, dipping deeply into the adjacent pelvic cavity, where it had formed permanent adhesion. In its most central part the tumor, when manipulated, manifested unequivocal fluctuation, and attenuated integument. On a cursory examination, and without extending my manipulations beyond the more prominent part of the tumor, my first impression was, that the patient was the victim of an abscess of an enormously enlarged liver. However, before proceeding any farther, I made inquiries of my patient concerning the history of her past and present health and condition, particularly as bearing on this abdominal enlargement. Living in a malarious district of country, she had, for a series of years preceeding, been subject to frequent and repeated attacks of Intermittents, which, from neglect, had given rise to a variety of ailments, such as are usually attendant upon Ague, and the constant introduction of miasm. That, in the meantime, her spleen became very much enlarged and painful---or, as she denominated it, her "ague cake" grew large and tender to the touch; and, that during this time, she had resorted to no remedial means, save such as have been handed down from family to family, and by reason of their traditional value, as having been always sacredly entrusted to the care and transmission of some female or sybil asclepiad, have in consequence become hallowed. That, about a year ago---dating from my

visit---she had exerted herself more than was her wont, and in consequence, she felt the "ague cake" to fall from its natural position into the right side. This seemed rather astounding to me, having never in the course of my reading, or personal observation, known such a displacement. I could scarcely give credence to her statement, inasmuch as we often are the witnesses of the excessive credulity and marvellousness of a certain class of females, to which this lady belonged. Nothing loth, I extended my investigation of the case, and discovered, and could distinctly trace, the transverse and a portion of the descending colon, as having actually taken possession of the place once occupied by the spleen, and the spleen displacing a portion of the contents of the right pelvic region, had, by inducing adhesive inflammation, taken possession of the same. That there should be no doubt in my diagnosis, I traced the entire margin of the liver, as likewise that of the now diseased structure, save so much of it as adhered to the upper and inner aspect of the ilium; and furthermore, by deep pressure between the liver and enlarged mass, the lower contour and anatomical unevenness of the former organ was distinctly perceptible, so that I could no longer doubt.

Now I will not pretend to say, nor can I believe that the spleen was suddenly torn from its connection with the stomach, omentum, kidney, &c., but, that by the gradual extension of its connecting media to the forementioned parts, it did, after the violence it first sustained, by the force of its own weight, find the pelvic and iliac localities, where, in all probability, it became as an extraneous body, inasmuch as its connecting vessels had been obliterated. That it could not have sought suddenly the iliac region, is evident from the fact that rupture, if not entire severance of its bloodvessels must have obtained, which must have given rise to fatal hemorrhage, either from the quantity of fluid so thrown out, or from its inducing peritoneal inflammation of an erysipelatous character, if I may be allowed the expression, as used in the sense of John

Hunter, since the patient was eminently in a condition to be subject to such a form of inflammation---she being a miasmatic cachectic. From such an inflammation she, however, did not suffer, as I had every reason to know.

I informed the woman that she could by no possibility ever be restored to even ordinary health; that the only palliation would be the external evacuation of the contents of the abscess; to which she readily assented; and I accordingly proceeded to plunge an abscess lancet into the most suitable point, giving exit to a large quantity of rather healthy pus; which continued to flow pretty freely for six or eight weeks following, during which time I did not see her; neither could I gain permission of a post-mortem examination, which I very much regreted.

In a physiological point of view, I deem this case an interesting one, in deducing conclusions with reference to the functional importance of the spleen in the animal economy. I regret that I could not have had an opportunity to see this patient at an earlier period, and frequently, so as to have been enabled to note closely, the effects on the system of so strange a phenomenon. I, however, satisfied myself that the functions of digestion and assimilation suffered materially, and that my opinion, however novel it may appear, with reference to the spleen, as entertained many years since by an eminent French pathologist, was strengthened. The opinion to which I refer, is the following:—

This pathologian contended he had proven, by dissection carefully conducted, that the spleen was a great nervous secreting organ, analagous to the brain; that, as there are two separate and distinct systems of nerves in all vertebrated animals—the first being designated as the automatic system, or as I have elsewhere observed, the nutritive, ganglionic, or vital system, as being that which controls the involuntary or spontaneous motions—the second, the cerebral, as controlling the volantary motions; that, as the first system is composed of

the great sympathetic, its branches, plexus and ganglia, having especial cognizance of the nutritive and vital functions, he asserted the spleen was an additamentum to the ganglionic system; that it was actually the brain of the abdomen, whose function it was, by the aid of its adjuncts, the ganglia, to secrete that portion of the nervous fluid necessary toward the maintenance of healthy abdominal functions. Hence, if this theory be a true one, how very important and essentially necessary toward a healthy nutrition, a healthy and unimpaired condition of this abdominal brain. That in disease of the spleen, or its total destruction or removal from the body, the abdominal intelligence suffers proportionally. This is a novel theory of the function of the spleen, and because novel, and in opposition to the generally received crude and unsatisfactory opinions of physiologists, may be discarded as one unworthy an investigation.

Prof. J. H. Miller, who wrote on this subject many years ago, says: "The spleen being invariably found in all the higher classes of animals, is abundant evidence of its performing some important duty." Its substance is more soft than other of the abdominal viscera---is more feeble than any substance in the body, unless it be the brain. It is co-existent with the brain, and those animals which are devoid of brain, likewise want the spleen; and that wherever there is a spleen, there, likewise, is a brain; the inference is legitimate, thereforefore, that an intimate relationship exists between the two viscera.

In the language of Prof. M., "the spleen has no marked connection with the cerebral or spinal nerves, but is identified with the nerves of the spontaneous system as its cerebral organ, therefore, any affinity which may subsist between those organs, must depend upon this system of nerves. Now, as those nerves had a prior existence to the brain and its nerves, and were the grand agents in their formation, and continue to be the same of their sustentation, the simultaneous appear-

ance of the spleen and brain can be accounted for only upon the supposition, that the former is appended to the spontaneous system of nerves, to aid it in the supererogatory duty of forming and sustaining the brain and its appendages. That the spleen performs like offices for the primary system, to what the brain does for the cerebral and spinal, is inferred from a similarity of structure.

In conclusion, the following plain and acknowledged facts may be noted. Congestion or engorgement of the spleen, invariably follows repeated paroxysms of the Ague, as well as being consequent upon a residence in a marshy district, without the necessary Ague following.

Periodicity is of a nervous origin; Quinine is the most powerful anti-periodic agent we possess; that in proper doses it becomes a sedative; and that sedation seeks the nervous system for its manifestation; and, finally, Quinine is successfully resorted to in the treatment of splenetic derangement, &c. May these facts not materially aid us in investigating the functions of the spleen, and its relation to the brain, if any such relation exist. It is at least worthy some attention.

[It is due to our esteemed correspondent to say that the above article has been on our table for more than a year. The extreme singularity of the case induced us to postpone its publication, until further correspondence with the author. Although no post mortem examination was had, he assures usthere was no posibility of his diagnosis being a mistaken one, and we do not presume to dispute his opinion. We therefore publish the communication as a contribution to the curiosities of medical experience in malarious regions. As for the speculations touching the functions of the spleen, our friend has the satisfaction of knowing that if his opinions are fanciful, they are like all other hypotheses on this subject.—Eds.]

ARTICLE VI.

Two Fœtuses of unequal size at the same Abortion.—By Dr. F. BRADY, of Belle Fountain, Mehaska Co., Iowa.

Aug. 13th, 1850—Called in conjunction with E. A. B., M. D., in haste to see a lady, Mrs. S., aged about 22, who had labored under a spinal affection for a number of years. She was represented by her husband to have been delivered of a fœtus some three hours previously; placenta not delivered. When we arrived we found her comparatively easy; no labor pains, the os uteri very much contracted. We tried in vain all the ordinary means, except the ergot, to excite uterine contraction; we then resorted to the secale coruntum; after exhibiting about twice the ordinary quantity pains came on and ultimately dilatation of the os uteri, so as to expel a small mass, which, on examination, proved to be another fœtus, from four to five inches in length, of ordinary proportions, vitality evidently having been destroyed within a few hours, (we omitted to mention that the first fœtus was about 12 inches in length, very much decomposed, with a very nauseous odor, evidently having been dead for some time; I think about a month, as she had a violent uterine hemorrhage about that time, and had been very much indisposed since). After considerable labor we succeeded in removing the small placenta, and small portions of what we supposed to be the larger one. The parts being very sensitive, we deemed it advisable to desist in our efforts to produce expulsion. In about an hour, however, she was delivered of a homogeneous mass apparently of very different texture and color from an ordinary placenta, about four inches in length, two in breadth, one and a half in thickness. It was attended with very little hemorrhage. She has since done well and has pretty nearly recovered. I learned from her husband that this was her third abortion. She never had a living child.

Queries.—Could both of them have been conceived at the same time, one remaining comparatively dormant while the other grew to the specified size? or could they have been conceived at different times? What could have caused the placenta, if such it was, to assume that shape and appearance? These are questions I feel myself inadequate to solve.

ARTICLE VII.

Treatment of Rubeola by Inunction.—By JOHN EVANS. M.D., Prof. of Obstetrics, &c., in Rush Medical College, etc., etc.

June 1, 1850, Miss F., aged 15 years, was laboring under the symptoms that characterize a violent attack of Measles. The febrile action was strong---pain in the extremities, loins and head, severe---the eyes were injected, suffused and intolerant of light---distressing nausea was constant, and the characteristic eruption was well marked upon the face, neck and breast.

I gave Dovers powder grs. viij. every six hours with free use of warm teas.

Finding no abatement of the distressing symptoms the next morning, I determined to use inunction, and, as practiced by Dr. Schneeman in Scarlatina, directed the patient to be rubbed with a piece of fat bacon over the entire cutaneous surface.

The relief was marked by the subsidence of all the distressing symptoms in a few hours, and the application was repeated twice the next day. No other treatment was applied except the free use of warm teas. The recovery was more rapid than I had before seen in such cases, and without any disagreeable sequel.

Two other members of the same family were treated by the inunction with the same favorable results.

I have since used the plan of treatment in a number of cases and with uniform and prompt relief.

ARTICLE VIII.

Tracheotomy for Abscess in the root of the tongue, resulting successfully.—By DANIEL BRAINARD, M.D., Prof. of Surgery in Rush Medical College.

On the 30th June, 1850, I was invited by Dr. Bassett, of this city, late in the evening, to see a child about one year old laboring under the most urgent symptoms of suffocation. There was a swelling beneath the left angle of the jaw extending forward beneath the chin; the tongue was swollen at its base, and the tonsils were much enlarged. The swelling had existed and gradually increased for about a week. On examining the tumor beneath the angle of the jaw I thought fluctuation was perceptible, and, passing a bistoury deeply into it, had the satisfaction of finding it followed by a copious discharge of pus.

Not doubting that this would be followed by prompt relief I made preparation to leave the house, when I noticed that the child's breathing became more difficult and instant death was threatened, when I proceeded, as rapidly as possible, to open the trachea. This gave immediate relief. On passing a probe into the opening of the abscess, it passed above the os hyoides and in front of the epiglottis nearly to the opposite side. This opening was kept pervious by the introduction of a piece of bougie; breathing continued partially through the artificial opening for about a month, when it closed, the child being quite well. Abscesses in the base of the tongue and at the sides

of and behind the pharynx, are often fatal. In an urgent case called idiopathic glossitis, of several days' standing, I plunged a bistoury in the median line, midway between the chin and os hyoides, upward and backward, about two inches; inserting a tent, a free discharge of pus soon took place and the patient was relieved.

After the operation for Tracheotomy I find the best way of preventing the opening from closing is by ligatures passed through the tissues on each side and tied behind the neck.

Chicago, Oct. 1, 1850.

ARTICLE IX.

Poisoning by Stramonium.—By Ira E. Oatman, M.D., of Dundee, Ill.

On the 21st of Sept., at 7 P. M., I was called in haste to see a little boy, 3 or 4 years old. He presented the following symptoms, viz.: Hot skin, flushed countenance, full pulse, dilated pupils and total blindness. He had occasional convulsions, violent spasms, and furious delirium,—greatly increased by giving liquids or medicines, or by putting him into warm water. He screamed wildly and hideously; and raved and yelled equal to the worst case of delirium tremens. The earlier symptoms were those of poisoning with alcohol: but his brother thought he had eaten a thorn apple; and he said, (when first taken) yes, he had "eat it all up." Some ground mustard advised by another physician had not vomited him, and his agony was intense. The Sul. Zinc. and Ipecac., in large emetic doses, assisted by copious draughts of warm water, dislodged the seeds and inner portions of the pod with difficulty from the stomach. He then sank into a profound sleep, with dilated and immovable pupils and general insensibility. I

ordered ½ oz. Castor Oil, in warm milk, every hour, and the same, per enemata. Gave some stimulants, and applied cold to the head. Early the next morning I was awakened by the father of the child, who said he had come to tell me that I need not call again, for his boy was "well." He is now in good health.

I submit this case that every one may be warned against this poison, so abundant in all parts of the country.

Part 2—Reviews and Notices of New Works.

ARTICLE I.

Medical Jurisprudence.---By ALFRED TAYLOR, F. R. S., Licentiate of the Royal College of Physicians; Member of the Royal College of Surgeons; and Professor of Medical Jurisprudence and Chemistry at Guy's Hospital. Second American, from the third London edition; with notes and additions by R. EGGLESFIELD GRIFFITH, M. D., &c. Philadelphia: Lea & Blanchard, 1850; pp., 670; 8vo. (From the Publishers, and for sale by Jos. Keen, Jr., & Brother, 161 Lake street, Chicago.)

Medical Jurisprudence is the common ground on which the legal and medical professions meet; although we are sorry to say that it is a soil not sufficiently cultivated by either. We are pleased to see, however, that the apathy heretofore prevailing on this subject is giving way to a more cultivated and enlightened sentiment. As an evidence of this we cite the fact of a demand for a second edition of the work above mentioned. We believe it is universally conceded that a medical man is the proper person to write a work on Medical Jurisprudence, inasmuch as a physician is more conversant with the details of Anatomy, Physiology, &c., than a lawyer can possibly be.

It is not excess of praise to say that the volume before us, is the very best treatise extant on Medical Jurisprudence. In saying this, we do not wish to be understood as detracting from the merits of the excellent works of Beck, Ryan, Traill, Guy and others; but in interest and value we think it must be conceded that Taylor's is superior to anything that has preceded it.

The author is already well known to the profession by his valuable treatise on Poisons; and the present volume will add materially to his high reputation for accurate and extensive

knowledge and discriminating judgment. Were we disposed to be hyper-critical, we could lay our finger here and there on a trifling inaccuracy, or an indefiniteness in the employment of technical terms and phrases; but these are comparatively insignificant matters, which do not affect the general value of the volume.

The principles of law applicable to a given case are succinctly but comprehensively announced; the facts material to the general issue are acutely discriminated from those which are unimportant or irrelevant; whilst the value of the volume is much enhanced by details of cases already adjudicated. Dr. Griffith has, in his notes, added many matters of interest with reference to American Statute Law, &c., so that the work is brought completely up to the wants of the physician and lawyer at the present day. M.

ARTICLE II.

A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition.—By P. CAZEAU, Adjunct Professor in the Faculty of Medicine of Paris, etc., etc. (Adopted by the Royal Council of Instruction.) Translated from the second French edition with occasional notes and a copius index by ROBERT P. THOMAS, M.D., Member of the Philadelphia County Medical Society; late Demonstrator of Anatomy in the Franklin Medical College, etc. With one hundred and seventeen illustrations; pp. 765; 8vo. Philadelphia: Lindsay & Blakison, 1850.

This is a well digested treatise, translated in a clear and good style, and got up in the usual excellent manner of the publishers.

Although we have a number of text books, for students and practitioners upon the subject of obstetrics already before the

profession, we think there is still room, especially as every new work should embody the improvements and discoveries that are constantly being made.

The French are, generally, well posted up in reference to improvements, and the work before us shows abundant evidence of the fact. E.

ARTICLE III.

General Therapeutics and Materia Medica; adapted for a Medical Text Book.---By ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine, &c., in Jefferson Medical College of Philadelphia; formerly Professor of Materia Medica and Therapeutics in the Universities of Virginia and Maryland, and in Jefferson Medical College of Philadelphia. One hundred and eighty-two illnstrations. Fourth edition, revised and improved. Philadelphia: Lea & Blanchard, 1850; 2 vols., 8vo., pp. 996. (From the Publishers, and for sale by S. C. Griggs & Co., 111 Lake street, Chicago.)

Prof. Dunglison is one of the most voluminous of medical authors, and is in himself almost a refutation of the proverb, "non omnes omnia possumus." That his labors are kindly appreciated may be inferred from the fact that the work before us has already run through three editions, and a fourth has been called for. In this edition the learned and indefatigable author has made extensive additions and alterations, and illustrated it with quite a number of wood-cuts, which add to its value. In our very limited space it is impossible to give anything like an analysis of what we conceive to be its merits or defects as a system of Materia Medica and Therapeutics. As the work has long been before the medical public, and has acquired the reputation of a standard authority, we only deem

it necessary to observe that this edition is, in many particulars, an improvement on any that has preceded it. The publishers have, as usual, brought out the work in excellent style.

M.

ARTICLE IV.

History of Medical Education and Institutions in the United States, from the first settlement of the British Colonies to the year 1850, *with a chapter on the present condition and wants of the Profession, and the means necessary for supplying those wants and elevating the character, and extending the usefulness of the whole Profession.*—By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine in Rush Medical College; member of the American Medical Association; Permanent member of the Medical Society of the State of New York; corresponding member of the N. Y. Medical Association; member of the Illinois State Medical Society, etc. pp. 228; 12mo. Chicago: S. C. Griggs & Co., 1850. (From the Publishers.)

Our readers will, with this number of the Journal, receive the conclusion of a copy of this valuable work, and of course it will be unnecessary for us to give an analysis of its interesting contents. We congratulate the physicians of the whole country upon the privilege, now for the first time offered them, of reading a connected history of their profession in this country. It should be in every American physician's library; for who, that loves his profession, does not wish to learn its history in his own country.

The neat and substantial manner in which this, the first medical book published in our city, is got up, speaks well for the publishers, and adds another to the numerous evidences of western skill and enterprise.

E.

ARTICLE V.

Essays on the Puerperal Fever and other diseases peculiar to women, selected from the writings of British Authors previous to the close of the Eighteenth Century.—Edited by FLEETWOOD CHURCHILL, M.D., M.R.I.A. Hon. Fellow of the College of Physicians of Ireland; Corresponding Member of the American National Institute; Hon. Member of the Philadelphia Medical Society, &c., &c, &c. Philadelphia: Lea & Blanchard, 1850; pp. 464; 8vo. (From the Publishers, and for sale by S. C. Griggs & Co., Chicago.)

This volume was prepared by the author at the request of the *Sydenham Society*, an association formed for the praiseworthy purpose of re-printing and preserving in an accessible form the writings of the old British Authors. Dr. Churchill has collected the essays of Denman, Hulme, Leake, Gordon, Clarke, and others, principally on Puerperal Fever; prefacing them by a very interesting and valuable history of the various epidemics of this disease, from the year 1746. Of course it is interesting to peruse the views of the old authors on a disease attended by such a frightful fatality as Puerperal Fever; and Dr. Churchill has conferred a favor on the profession, by assuming the editorial supervision of these essays. It is entertaining, as well as instructive, to note the gradual progress towards a correct knowledge of the pathology and treatment of this frightful scourge of women; and serves to remind us of our obligations to the fathers of medicine. As we shall probably hereafter have something more to say concerning this volume, we close our notice for the present by assuring our readers that they will find this volume a valuable one, both in a historical and practical point of view. M.

ARTICLE VI.

On the use and abuse of Alcoholic Liquors, in Health and Disease.---Prize Essay, by WILLIAM B. CARPENTER, M.D., F. R.S., F.G.S., Examiner in Physiology in the University of London, Professor of Medical Jurisprudence in University College, and author of "Principles of Human Physiology," etc., etc. Philadelphia: Lea & Blanchard, 1850; pp. 201; 12mo. (From the Publishers, and for sale by J. Keen, Jr. & Bro.)

To this little volume was adjudged the prize of a hundred guineas for the best essay on the use and abuse of Alcoholic Liquors, as a beverage or as Therapeutic agents. Intemperance is a subject of extreme interest to medical men, as bearing on public Hygiene; and we are glad to see a man occupying the eminent position of Professor Carpenter devoting his attention to it. We cannot give to our readers more fully the design and scope of the volume, than by presenting them the following extract from the author's preface. He desires to impress upon his readers the following conclusions.

"In the *first* place. That, from a scientific examination of the *modus operandi* of Alcohol upon the Human body, when taken in a *poisonous* dose, or to such an extent as to produce Intoxication, we may fairly draw inferences with regard to the specific effects which it is likely to produce, when repeatedly taken in excess, but not to an immediately fatal amount.

Secondly, That the consequences of the *excessive* use of Alcoholic liquors, as proved by the experience of the Medical Profession, and universally admitted by medical writers, being precisely such as the study of its effects in poisonous and immediately fatal doses would lead us to anticipate, we are further justified in expecting that the habitual use of smaller quantities of these liquors, if sufficiently prolonged, will ultimately be attended, in a large proportion of cases, with consequences prejudicial to the human system,---the morbid actions thus engendered being likely rather to be chronic, than acute, in their character.

"*Thirdly*, That as such morbid actions are actually found to be among the most common disorders of persons advanced in life, who have been in the habit of taking a 'moderate' allow-

ance of alcoholic liquors, there is very strong ground for regarding them as in a great degree dependent upon the asserted cause; although the long postponement of their effects may render it impossible to *demonstrate* the existence of such a connection.

"*Fourthly*, That the preceding conclusion is fully borne out by the proved results of the 'moderate' use of Alcoholic liquors, in producing a marked liability to the acute forms of similar diseases in hot climates, where their action is accelerated by other conditions; and also by the analogous facts now universally admitted, in regard to the remotely injurious effects of slight excess in diet, imperfect aeration of the blood, insufficient repose, and other like violations of the Laws of Health, when habitually practiced through a long period of time.

"*Fifthly*, That the capacity of the healthy human system to sustain as much bodily or mental labor as it can be legitimately called upon to perform, and its power of resisting the extremes of Heat and Cold, as well as other depressing agencies, are not augmented by the use of Alcoholic liquors; but that, on the other hand, their use, under such circumstances, tends positively to the impairment of that capacity.

"*Sixthly*, That, where there is a deficiency of power, on the part of the system, to carry on its normal actions with the energy and regularity which constitute health, such power can rarely be imparted by the habitual use of Alcoholic liquors; its deficiency being generally consequent upon some habitual departure from the laws, for which the use of Alcoholic liquors cannot compensate; and the employment of such liquors, although with temporary effect of palliating the disorder, having not merely a remotely injurious effect *per se*, but also tending to mask the action of other morbific causes, by rendering the system more tolerant of them.

"*Seventhly*, That, consequently, it is the duty of the Medical Practitioner to discourage as much as possible the *habitual* use of Alcoholic liquors, in however 'moderate' a quantity, by all persons in ordinary health; and to seek to remedy these slight departures from health which result from the 'wear and tear' of active life by the means which shall most directly remove or antagonize their causes, instead of by such as simply palliate their effects.

"*Eighthly*, That, whilst the habitual use of Alcoholic liquors, even in the most 'moderate' amount, is likely (except in a few rare instances) to be rather injurious than beneficial, great

benefit may be derived, in the treatment of disease, from the *medicinal* use of Alcohol in appropriate cases; but that the same care should be employed in the discriminating selection of those cases, as would be taken by the conscientious practitioner in regard to the administration of any other powerful remedy which is poisonous in large doses."

The following powerful paragraphs contain our author's views on the *Total Abstinence* question:

"He cannot allow it to go forth, however, without expressing his conviction that, whilst there are adequate Medical reasons for Abstinence from the *habitual* use of even a 'moderate' quantity of Alcoholic liquors, there are also strong Moral grounds for Abstinence from that *occasional* use of them which is too frequently thought to be requisite for social enjoyment, and to form an essential part of the rites of hospitality. The experience of every practitioner must bring the terrible results of Intemperance frequently before his eyes; but, whilst he is thus rendered familiar with its consequences as regards *individuals*, few, save those who have expressly inquired into the subject, have any idea of the extent of the *social* evils resulting from it, or of the degree in which they press upon every member of the community. The Author believes that he is fully justified in the assertion that, among those who *have* thus inquired, there is but one opinion as to the fact that, of all the causes which are at present conspiring to degrade the physical, moral, and intellectual condition of the mass of the people, there is not one to be compared in potency with the *Abuse of Alcoholic liquors;* and that, if this could be done away with, the removal of all the other causes would be immeasurably promoted. Every one who wishes well to his kind, therefore, must be interested in the inquiry how this monster-evil can be best eradicated.

"Now the Author considers that the best answer to this inquiry has been found in the results of experience. A fair trial has been given, both in this country and the United States, to societies which advocated the principle of *Temperance*, and which enlisted in their support a large number of intelligent and influential men; but it has been found that little or no good has been effected by them, among the classes on whom it was most desirable that their influence should be exerted, except where those who were induced to join them really adopted the *Total Abstinence* principle. Though he agrees fully with those

who maintain that, *if* all the world would be *really temperate*, there would be no need of Total Abstinence Societies, the Author cannot adopt the inference that those who desire to promote the Temperance cause may legitimately rest satisfied with this measure of advocacy. For sad experience has shown that a large proportion of mankind *cannot*, partly for want of the self-restraint which proceeds from moral and religious culture, be temperate in the use of Alcoholic liquors; and that the reformation of those who have acquired habits of intemperance *cannot* be accomplished by any means short of entire Abstinence from fermented liquors. Further, experience has shown that, in the present dearth of effectual education among the masses, and with the existing temptations to Intemperance arising out of the force of example, the almost compulsory drinking-usages of numerous trades, and the encouragement which in various ways is given to the abuse of Alcoholic liquors, nothing short of Total Abstinence can prevent the continuance, in the rising generation, of the terrible evils which we have at present to deplore. And lastly, experience has also proved that this reformation cannot be carried to its required extent, without the co-operation of the educated classes; and that their influence can only be effectually exerted by *example*. There is no case in which the superiority of example over mere precept is more decided and obvious than it is in this. 'I practice total abstinence myself,' is found to be worth a thousand exhortations; and the lamentable failure of the advocates who cannot employ this argument should lead all those whose position calls upon them to exert their influence to a serious consideration of the claims which their duty to society should set up, in opposition to their individual feelings of taste or comfort."

How many of our readers acknowledge the force of these remarks, and are yet compelled to say with the Roman Poet,

> —— Video, proboque meliora,
> Deteriora sequor?

We ask this question without intending any invidious insinuations, but merely to induce the profession to take into serious consideration their duty in the premises as conservators of the public health, and as good citizens solicitous to remove a festering spot which has long been threatening to destroy the very vitals of the body politic and social.

The high professional reputation of Prof. Carpenter is a sufficient guaranty that the subject is treated ably; and his distinct avowal that he is a member of no special Temperance organization is strong presumptive proof that he has performed his task impartially. We therefore recommend this volume as the best treatise extant on the subject of the use and abuse of Alcoholic liquors. M·

ARTICLE VII.

A practical Treatise on Inflammation of the Uterus and its appendages, and on Ulcerations and indurations of the neck of the Uterus.—By JAMES HENRY BENNETT, M.D., Member of the Royal College of Physicians, etc. Second American, from the second London edition. pp. 355; 8vo. Philadelphia: Lea & Blanchard, 1850. (From the Publishers, through J. Keen, Jr. & Bro.)

This work, which has attracted so much attention both in this country and Europe, on account of the, previously unsuspected, frequency of ulceration of the cervix Uteri which it asserts, is well worthy the attention of the profession. The frequent practice of vaginal examinations with the speculum, called for by the doctrines taught in this work, has met the reprehension of Dr. R. Lee and other eminent obstetricians; but the whole argument seems to result in a conclusion that the use of the speculum ought not to be abused. It is clear that too frequent use of the speculum, would be by no means as serious an error, as an omission of its use where it was actually necessary to develope the true nature of the case.

E.

Part 3.—Selections.

ARTICLE I.

Cases of Asthma successfully treated by Nitric Acid.—By T. S. Hopkins, M. D., of Bethel, Glynn county, Georgia.

The following five cases of Asthma, cured by the use of Nitric Acid, have occurred in my practice since the summer of 1847. It is not my desire to attempt any explanation as to the modus operandi of this medicine in the above disease. Its beneficial effects were accidentally discovered, and, after a fair trial in five consecutive cases, with the most entire success, I am induced to bring it to the notice of the profession, trusting that in other hands than my own it may prove a potent agent for the relief of a disease which so often resists the best directed treatment. Several of these cases were from twenty-five to thirty-five miles distant from my office. Most of them were not seen by me from the time of my first visit and prescription until a cure had been effected. I describe them as I found them at the time of my visit, and from the history given by parents and masters, which I think can be depended upon.

Case I.—Emma, negro girl, aged five years, belonging to Mr. T. G., had been asthmatic *almost* from birth. Nightly paroxysms of dyspnœa, cough, &c., were represented as most distressing. During the day she would be up and about the yard with the other children. At the time that I saw her, her respiration was somewhat embarrassed, with slight elevation of the shoulders during inspiration, and a very distinct mucous râle. Her appetite was impaired and her countenance cheerless.

I ordered nitric acid, three drops, to be increased to five, three times daily, in a wineglassful of sugared water. A month elapsed before I again saw this patient, at which time every symptom of disease had disappeared. I prescribed for her in December, 1847, and up to date no symptom of asthma has returned.

Case II.—I was called in November, 1848, to see W. S., aged about six years, son of a planter of Glynn county. I was

informed that this boy had been a subject of asthma for four or five years; that no expense had been spared in seeking for relief in his case; and that all the efforts of the best physicians in the neighborhood in which he had resided, had been in vain. When I saw him, he had cough, slight dyspnœa, with mucous râle distinctly audible at the distance of several feet. By walking up and down the steps of the house once or twice, the difficulty of breathing and cough would be much increased. He was very lively and cheerful, with a good appetite, and had had no fever for months. His father informed me that, upon the least *exposure* during the day, he would be attacked at night with the most fearful symptoms. Wheezing, panting, incessant cough, distressing dyspnœa, with impending suffocation, were the inevitable consequences (at night) of exposure during the day.

I ordered nitric acid, five drops, three times daily, in a wineglass of sugared water, with a strict avoidance of exposure.

In a fortnight, he had been so much relieved that his parents imagined him cured, and discontinued the acid. In a few days he relapsed, and I was again sent for. I ordered the acid to be continued, as before. and in one month from the time of my first visit he was *cured*.

Up to date there has been no return of disease.

This boy's father died of phthisis pulmonalis. Several of his mother's family have died of the same disease; and all of *his* brothers and sisters, without an exception, have in early childhood been sufferers from enlargement of tonsils and ulcerated sore throat. He is now the picture of health.

Case III.—A mulatto girl, belonging to Mr. W. D. T., aged four years. This was a case of congenital asthma.

The symptoms in this and the following case (aged about four years) were so similar to those of Case I. that I shall not describe them.

The treatment was nitric acid, three drops three times daily, in a wineglass of sugared water.

This case resisted the treatment rather longer than the other cases, but was *cured* in about six weeks.

In Case IV., the immediate effects of the acid were perceived in a few days; and in eight or ten days she was cured.

Case V.—I never saw. It was a negro girl belonging to Mr. C., of Camden county. She was seven years of age.

Her master applied to me for a prescription, after giving some of the most prominent symptoms, which convinced me that the case was asthma, as he had declared it to be.

I prescribed five drops of nitric acid, three times daily.

I heard nothing more of this case for several months after I had prescribed, when I was informed by her master that she was well.

A sufficient time has elapsed, in all these cases, to convince me that they have been radically cured.

Should you deem the above remarks and cases worthy a place in your valuable journal, you will please to insert them. It is at least *new* in the treatment of asthma.—*Amer. Jour. Med. Sci.*

ARTICLE II.

New Adhesive Dressing —By Dr. Mellez.

The eagerness with which collodion was adopted by many practitioners shows their want of satisfaction with the materials commonly in use. Certain disadvantages attach to all the ordinary means of keeping wounds in apposition, such as satures, adhesive and isinglass plasters. Collodion, which possesses many valuable qualities as an adhesive, requires, in order to give satisfactory results, to be of a precise degree of concentration, and, like other dressings, demands, in order to be nicely applied to wounds, the aid of assistants, which is not always at the command of the surgeon, especially in country practice where he must often operate without the aid of others, and where the patients cannot be visited, except at long intervals.

From his dissatisfaction with the ordinary adhesive dressings applied under such circumstances, Dr. Mellez was led to adopt a solution of "gum lac," which is much used in the arts as a varnish and adhesive.

He uses a solution of this substance in spirit of wine, made with the aid of a moderate heat and in such proportion as to give a mixture having the consistence of jelly, or nearly ap-

proaching to it. It can be made in a common wide-mouthed bottle, and a simple cork suffices for its preservation. When he uses it, he spreads it with a spatula upon pieces of cloth or taffetas, cut to the size required. According to him, it possesses all the good properties of collodion, and even higher properties than that substance—viz., contraction during the desiccation, impermeability to air, absence of all irritating action on the skin or wound, intimate adherence to the skin, and resistance to the action of water, fatty matters, or the discharges from the wound. It has not, like collodion, the quality of being colorless; but he believes that it might, if required, be decolorized, and, if applied upon animal membrane, would furnish a transparent dressing. It does not dry so quickly as collodion, but that is the only advantage the latter possesses. The lac dressing, however, does not require so long a time as to be inconvenient to the surgeon. Moreover, it is not indispensable for the lac, as it is for the collodion, that the skin be absolutely dry. It has further the advantage (not to be overlooked) of being more moderate in cost.—*Monthly Jour., from Amer. Jour.*

Part 4.—Editorial.

ARTICLE I.

MACLISE'S SURGICAL ANATOMY.

The third part of this magnificent work is devoted to the anatomy and surgery of Inguinal and Femoral Hernia. One more number completes the work, which, when correspondingly bound, will be the most splendid volume issuing from the American medical press for the current year. The price of the whole will be eight dollars. A moderate price, all things considered. We hope the eminent and enterprising publishers may meet with a sale sufficient to re-imburse them for their trouble and expenditure. M.

ARTICLE II.

REESE'S MEDICAL FORMULARY.

The American Medical Formulary; based upon the United States and British Pharmacopœias; including also numerous standard formulæ, derived from American and European authorities. Together with the medical properties and uses of Medicines; Poisons, their antidotes, tests; etc. Designed for the Medical Pharmaceutical student.—By JOHN J. REESE, M.D., Lecturer on Materia Medica in the Philadelphia Medical Institute, Fellow of the College of Physicians, etc. Philadelphia: Lindsay & Blakiston, 1850; pp. 357, 12mo. (From the Publishers, through S. C. Griggs & Co.)

The title of this little book renders it unnecessary for us to enlarge on the character of its contents; and we would no more think of reviewing it, than we would of criticising the multiplication table. It is one of the series of works know as the *Medical Practitioner's and Student's Library.* M.

ARTICLE III.

THE DENTISTS.

It is gratifying to see with what zeal the cultivators of the kindred profession of dentistry are exerting themselves to induce those who practice their art to qualify themselves for a scientific and honorable standing.

Our country can boast of two well-organized Colleges of Dental Surgery, the older one being located in Baltimore and the other at Cincinnati. They give thorough instruction in all that pertains to the art, and upon a compliance with their requirements confer the degree of D. D. S., i. e., Doctor of Dental Surgery, on their students. This should be a certificate of qualification, and we should always prefer the dentist who had, to one who had not the degree, unless we had satisfactory means of judging between them independent of this.

We were induced to make these remarks by receiving several documents from the schools above referred to. The addresses of Doctors Hullihen and Townsend to the graduating class of the Baltimore College of Dental Surgery are well drawn up and replete with good sense and good advice.

ARTICLE IV.

TRANSACTIONS OF THE AM. MED. ASSOCIATION, VOL. 3.

We have received this work too late for extended notice in this number. It looks well, and from a glance over its contents we have no doubt it will prove to be highly interesting to the profession generally. Though not as large as its predecessor it contains five hundred pages, save one, and is executed in

the same excellent style. A notice of its contents may be expected in our next. In the mean time those of our readers, who prefer to obtain the document for themselves, can do so by remitting three dollars, post paid, to the chairman of the Committee on Publication, Dr. Isaac Hays, Philadelphia. The postage on the volume will be 21 cts. if sent by mail.

ARTICLE V.

EDITORIAL ETIQUETTE.

We owe the *Charleston Medical Journal* an apology for the omission of credit for an article in our last issue. Probably from neglect, quite a number of such omissions occur in our exchanges of late, in reference to original matter taken from our pages. Most of these are placed in their extract departments showing that they are not original, and we will not specify them. But we observe in the New York Medical Gazette our editorial notice of the Concour held in Rush Medical College for Demonstrator of Anatomy, without any thing to show that it was not making its first appearance there. And in the Ohio *Medical and Surgical Journal* our article on the use of Collodion in Erysipelas, by Dr. Freer, looked so much like an original one that the New Jersey Medical Reporter copied and credited it to that journal. This is the second complaint of the kind we have made against the last named journal within a year.

ARTICLE VI.

TILDEN'S EXTRACTS.

We call the attention of Physicians to the advertisement of Messrs. Tilden & Co., in the present number of the Journal. Much attention has been recently devoted to the procuring of reliable drugs. Amongst those who have conferred a favor on the profession in this particular, Messrs. Tilden & Co. hold a prominent position. Many physicians are little in the habit of prescribing extracts, for the reason that many of the articles of this class kept in the shops, are totaly inert. It gives us pleasure to say that the Extracts of Messrs. Tilden & Co. have been thoroughly tested and found to be of most excellent quality. The manner of their preparation is such as to preserve the peculiar properties of the article from which they are manufactured, while they are put up in the style best adapted to preserve them from deterioration. Specimens may be seen at the office of the editors; and the extracts are on sale at the Drug stores of this city. M.

ARTICLE VII.

NEW MEDICAL JOURNALS.

We have received a new Medical Journal published in the city of New York, under the title of the *New York Register of Medicine and Pharmacy*. It is published semi-monthly, at one dollar per annum in advance. The editor is C. D. Griswold, M.D., who, to judge from the numbers already received, will conduct it with spirit and ability. The mechanical execution of the Journal is remarkably good.

We also gave notice some time since, of the prospectus of a new medical periodical to be issued at Keokuk, in Iowa. The first number has come to hand under the style of *The Western Medico-Chirurgical Journal*, edited by J. F. SANDFORD, M.D., and S. G. ARMOR, M.D., Professors in the Medical Department of the University of Iowa. It is issued monthly, (each No containing thirty-two pages) at two dollars per annum. The present No. contains some very interesting articles, and its appearance is quite creditable to the *Hawkeye* typographers.

We wish both of our new allies better fortune than usually falls to the lot of Medical Editors and Periodicals. M.

ARTICLE VIII.

HOMŒOPATHIC IMPERTINENCE.

The following correspondence appears in one of the Homœopathic Journals with copious comments. It speaks for itself:

St. Charles, Ill., Sept. 12, 1850.

Dr. N. S. Davis—Sir: I am a Homœopathist, from a conviction of the *truth* of the *principle*, and the *efficacy* of the *practice* of Homœopathia. With these views, will you graduate me if I comply with the ordinary requisitions of the Faculty?

Yours, &c., M. DANIEL COE.

Chicago, Sept. 16th, 1850.

M. Daniel Coe—Dear Sir: I am directed to inform you that the Faculty of Rush Medical College *will not* recommend you to the Trustees for a Degree, so long as they have any reason to suppose that you entertain the doctrines, and intend to trifle with human life on the principles you avow in your letter. To do otherwise would involve both parties in the grossest inconsistency.

Very respectfully yours,

N. S. DAVIS,

Secretary of the Faculty of Rush Med. College.

ARTICLE IX.

MISCELLANEOUS MEDICAL INTELLIGENCE.

The Transylvania University at Lexington, Ky., the oldest medical school in the West, and one of the most respectable, has reduced the price of its Professors' Tickets from fifteen to ten dollars each.

Dr. Blatchford, of Troy, N. Y., recently induced premature labor, to prevent the necessity of Craniotomy, by M. Cohen's method of injecting tar water into the Uterus, which proved successful.

Dr. Drake has been re-appointed to the Chair of Practice in the University of Louisville.

Dr. Baxley, of Baltimore, Md., has been appointed to the Chair of Anatomy in the Medical College of Ohio, in place of Dr. Shortwell, deceased.

Dr. E. H. Davis, of Chilecotha, O., has been appointed Professor of Nat. Med. in the New York Medical College.

Prof. Mott, of New York, has been elected Emeritus Professor of Operative Surgery and Surgical Anatomy in the College of Physicians, (old school) of New York.

Prof. Peaslee has removed an ovarian tumor weighing 24 lbs.

The Ohio Weslyan University proposes to organize a medical department to be located in Cincinnati, as we learn by the newspapers.

Medical Cliques in New York, it is said in the Medical Gazette, combine to call *each other only* in consultations.

The prospects of the Kentucky School of Medicine are said to be of the most flattering character. A very commodious building, well adapted to its wants, has been secured through the liberality of two citizens of Louisville.

Prof. Wm. B. Herrick has been appointed by the U. S. authorities Surgeon to the Chicago Marine Hospital to take effect when the Hospital opens.

NOTICE TO SUBSCRIBERS.

With the last number of our Journal we sent out bills amounting to over *three thousand dollars*, all of which was honestly due us on the first of last May, and the meagre list of receipts on the cover of this number is all the return we have thus far received. Verily, we must have our money or we cannot pay the printer. Come friends, pay up promptly, and we promise to add to the size and interest of our Journal.

NOTICE TO READERS AND CORRESPONDENTS.

We have received an original communication from Dr. E. S. Cooper.

We have received from Lea & Blanchard, through S C Griggs & Co., a new edition of Dunglison's Physiology, in two volumes; also Copland on Palsey.

We have received Dr. Warren's address before the late meeting of the American Med. Association; Dr. Haywood's Statistics of Amputations at the Massachusetts General Hospital; Prof. Bell's Memorial to the Trustees of the University of Pennsylvania; a Review of Dr. Bell's Memorial; Proceedings of the Medical Convention for the purpose of organizing the Illinois State Medical Society; A Brief History of the Existing Controversy on the subject of Assimilated Rank in the Navy of the United States, by W. S. W. R.; Review of Dr. Drake's Treatise, by Bennett Dowler, M.D.; and our usual list of exchanges.

FOREIGN MEDICAL AND SCIENTIFIC

BOOK STORE & SURGICAL INSTRUMENT DEPOT

169 *Fulton Street, N. Y., (a few doors west of Broadway.)*

H. BAILLIERE,

Or 219 Regent street, London, and Rue Hautefeuille, Paris, has opened an establishment at the above address, for the sale of French, German, and English works, in the various departments of science, (Anatomy, Medicine, Chemistry, Natural History, &c.) a well selected stock of which he now offers to the scientific public. Importations by every steamer, and all the foreign journals supplied with expedition and regularity. H. B. has also been appointed agent for M. Charriere, the celebrated Surgical Instrument Maker of Paris, for the sale of all kinds of Surgical Instruments, a large assortment of which is now on hand.

N. B.—Catalogues of books and Instruments gratis, on application.

PURE MEDICINAL EXTRACTS.

We would call the attention of Physicians, Druggists and Apothecaries to our list of Pure Extracts and annexed testimonials.

TILDEN & CO.,
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Inspissated, Alcoholic, and Hydro-Alcoholic Extracts.

Aconite,	Digitalis,	Malefern,
Butternut,	Dulcamara,	Mullein,
Belladonna,	Dock, yellow,	Oak, white,
Bitter Root,	Garget, or Poke,	" black,
Boneset,	Gentian,	" red,
Burdock,	Hyoscyamus,	Poppy,
Blood Root,	Hardhach,	Princess Pine,
Blue Flag,	Hops,	Rue,
Boxwood,	Hellebore, black,	Savin,
Conium,	" white,	Sarsap'a, Amer.,
Chamomile,	Horehound,	" Rio Negro
Cohosh, black,	Indian Hemp,	" Compound-
" blue,	Lettuce, Garden,	Thornapple,
Clover,	" Wild,	Wormwood.
Cowparsnip,	Lobelia,	
Dandelion,	Mandrake,	

And other varieties frequently used, as soon as they can be reached.

Extract from a letter of Prof. Clark, of the College of Physicians and Surgeons of N Y., to the Editor of the N. Y. Journal of Medicine:

"I have lately visited the manufactory of these extracts. After inspecting the whole process and examining a large number of preparations I became so fully persuaded that these gentlemen have fallen upon the best plan of concentrating and preserving the active principles, especially of the narcotic vegetables, that I have voluntarily offered to them any assistance that I can render them in introducing their medicines to the notice of the profession; being persuaded that these extracts must possess th efficiency and the uniformity of strength necessary to the successful use this class of rem dies, and, I may add, so long sought for in vain.